DOCUMENT RESUME

ED 178 523 SP 015 036

TITLE	A Decision-Making Approach to Sex Education: A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents.
INSTITUTION	Planned Parenthood, Almeda-San Francisco, Calif.
SPONS AGENCY	Department of Health, Education, and Welfare, Washington, D.C.
REPORT NO	HSA-79-5608
PUB DATE	79
CONTRACT	HSA-240-77-0167
NOTE	412p.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (Stock # 017-026-00081-0, $7.00)
EDRS PRICE	MF01/PC17 Plus Postage.
DESCRIPTORS	Anatomy; Contraception; *Curriculum Design; Decision Making; Demonstration Programs; Ethical Instruction; Moral Issues; Personal Values; *Program Development; *School Community Cooperation; *Sex Education; *Social Attitudes

ABSTRACT

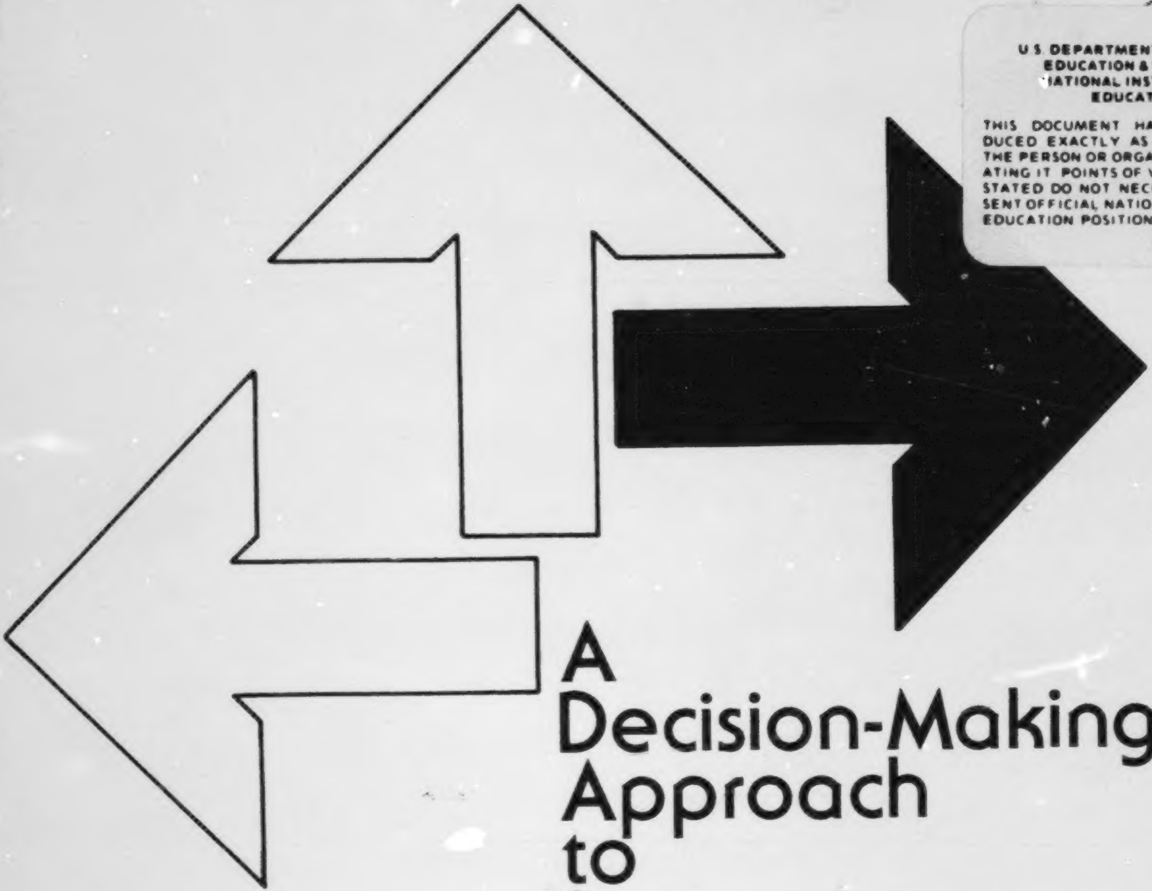
This implementation manual for a sex education course is designed for the following purposes: offers a step-by-step guide to involving a broad base of community agencies in sex education; provides detailed curriculum plans for implementing a sex education program for parents and adolescents, and for adolescents only; presents a variety of educational aids and activities to enhance the sex education curriculum; and provides detailed curriculum for training staff from youth-serving agencies to function as sex education resources. Each chapter contains guidelines and recommendations for implementing that phase of the project based upon the lessons learned from the demonstration project. Materials relevant to each chapter are presented as appendices at the end of the chapter. Reference notes are cited at the end of each chapter with a bibliography. (JD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED178523

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

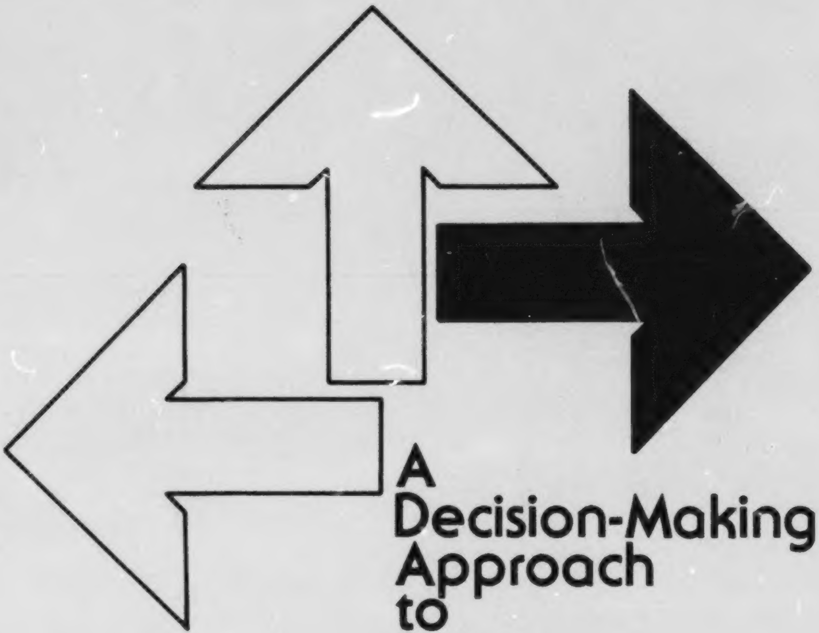


A Decision-Making Approach to Sex Education:

A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents

SP 015 36

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services Administration
Bureau of Community Health Services



A Decision-Making Approach to Sex Education:

A Curriculum Guide and Implementation Manual for a Model Program with Adolescents and Parents

Prepared for the
Office for Family Planning,
Bureau of Community Health Services
under Contract HSA-240-77-0167

DHEW Publication No. (HSA) 79-5608

U.S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services Administration
Bureau of Community Health Services

1979

For sale by the Superintendent of Documents,
U.S. Government Printing Office,
Washington, D.C. 20402

Stock Number 017-026-00081-0

TABLE OF CONTENTS

PAGE NUMBER

STAFF AND CONSULTANTS iv

HOW-TO-USE THE MANUAL vi

Chapter 1: BACKGROUND AND OVERVIEW OF PROJECT 1

Chapter 2: HOW-TO-GET-STARTED
- Building Community Support 9
- Demonstration Sites 12
- Selecting Agencies 14
- Selecting Staff 18
- Recruiting and Attracting Participants 20
- Resource 23

Chapter 3: GENERAL TIPS FOR GROUP LEADERSHIP 29

Chapter 4: SEX EDUCATION PROGRAM FOR ADOLESCENTS
- Developing the Adolescent Model 39
- Demonstrating the Adolescent Model 48
- Curriculum for Program 59
- Curriculum Design (Appendix A) 62
- Rationale and Suggestions for Presenting Curriculum (Appendix B) 99

Chapter 5: EDUCATIONAL AIDS
- Leader's Guides and Exercises 119
- Bibliography 162

Chapter 6: SEX EDUCATION PROGRAM FOR PARENTS AND ADOLESCENTS
- Developing the Parent-Adolescent Model 169
- Demonstrating the Model 174
- Curriculum for Program 183
- Curriculum Design (Appendix A) 186
- Rationale and Suggestions for Presenting Curriculum (Appendix B) 203

Chapter 7: STAFF TRAINING
- Developing Training 209
- Training Design 216

Chapter 8: EVALUATION 281

PRIMARY STAFF AND CONSULTANTS

JOAN NACKERUD, MA, MFCC - Coordinator of Project and Developer of Manual

Joan Nackerud has had extensive experience working with teenagers and their families, particularly in the area of sexuality. She has worked with Planned Parenthood/Alameda-San Francisco since 1972, first as the supervisor of counseling services and subsequently as a training and education consultant and health educator. She has developed, implemented and evaluated numerous patient education, volunteer, community education and professional training programs and has consulted to a variety of health and social services agencies in the areas of family planning, counseling, sexuality, adolescent development and related areas.

SUSAN HACKING, MA candidate at Sonoma State College in Psychology; Certified Sex Educator, AASECT - Consultant to the Project and the Manual

Susan Hacking has spent the last 10 years working with youth in her community. Her experience with youth and their relationships, problems and concerns guided her in the design and implementation of the Teen Program for the Hayward Center - Planned Parenthood. She has been a health educator and counselor for 6 years; providing sex education and counseling to groups and individuals; delivering training to staff in the center and the community in the areas of human sexuality, pregnancy, birth control, counseling, communication and group leading; and supervising adolescent pregnancy counseling, birth control clinics and community education.

SUSAN NISBET, RN - Consultant to the Project and the Manual

Susan Nisbet is a registered nurse who has worked with teenagers for 10 years. Her contact with teens has been in family planning clinics, schools and community organizations. She was the health care coordinator at a residential treatment center for pregnant teens and is currently supervisor of the teen services at Planned Parenthood/Alameda-San Francisco.

ANN PARKS-COUNCIL - Consultant to the Project and the Manual

Ann Parks-Council is the health educator and trainer for the Hayward Center of Planned Parenthood/Alameda-San Francisco. She has provided educational and counseling support to young people and adults for 12 years in a variety of fields for various cultural and ethnic groups. In the area of family planning and human sexuality for the past 6 years, she has been responsible for the development and administration of patient, community and staff education. As a credentialed secondary teacher, Ann has provided consultation services to the local shool districts and has designed, coordinated and implemented programs in human sexuality for the developmentally delayed, the hearing impaired and other disabled.

CHERI PIES, MSW - Consultant to the Project and the Manual

Cheri Pies is currently the center health educator at Planned Parenthood, MacArthur Center and has worked with teenagers in the area of family planning and sex education for about 8 years. During this time she received her Master's in social work, developed and implemented a sex education curriculum in a high school in San Francisco, and coordinated clinical and outreach services to teens at MacArthur Center. She has also been actively involved in developing and providing services to battered women and their children in the Oakland-Berkeley area.

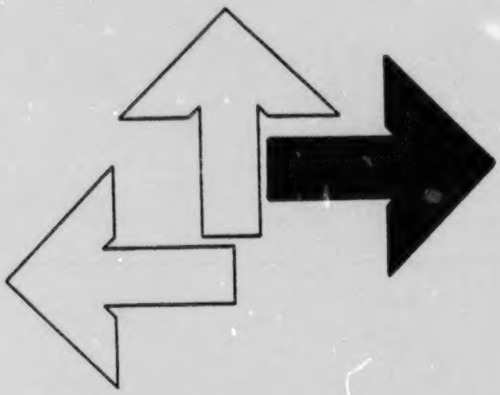
Introduction: How-To-Use The Manual

This implementation manual is designed for several purposes:

1) Offers a step-by-step guide to involving a broad base of community agencies in sex education.
2) Provides detailed curriculum plans for implementing a sex education program for parents and adolescents, and for adolescents only.
3) Presents a variety of educational aids and activities to enhance the sex education curriculum.
4) Provides detailed curriculum for training staff from youth-serving agencies to function as sex education resources.

Each chapter contains guidelines and recommendations for implementing that phase of the project based upon the lessons learned from the demonstration project. Materials relevant to each chapter are presented as appendices at the end of the chapter. Reference notes are cited at the end of the chapter with a more extensive bibliography in the Educational Aids in Chapter 5.

The manual is ring-bound for easy access and Xeroxing. It was not possible to provide dividers with tabs. You may want to add your own tabs for easier reference.



Chapter 1: Background and Overview of Project

Background

Need for Sex Education

Family planning clinics with many years of experience working with adolescents in clinics and the community are increasingly convinced that factual information and services alone are not sufficient to foster responsible sexual behavior. Despite the availability of family planning services and the increase in the number of adolescents served in family planning clinics (from 453,000 in 1971 to 1.3 million in 1976), the rate of adolescent pregnancy continues to climb. The adolescent pregnancy, infant mortality and VD rates are alarmingly high with the related outcomes of unemployment, incomplete education, medical, social and health problems ever present. Although Alameda County has over 20 clinic sites that provide family planning services to adolescents, it has been designated as one of the 10 counties in California having a high number of teenage women at risk of unintended pregnancy who are not receiving services and an infant mortality rate 2-3 times the national average in certain parts of the country.[1]

Recent national studies and the adolescent patient records at Planned Parenthood, Alameda/San Francisco, indicate that most adolescents have been having sex for close to a year before coming to a family planning clinic and that many adolescents come to the clinic for the first time because they think they are pregnant.[2] Although recent research shows that most sexually active adolescents (particularly younger adolescents) do not wish or plan to get pregnant, significant proportions have intercourse without using contraception.[3] A recent survey of adolescents' sexual attitudes and behaviors indicated that the majority of sexually active adolescents surveyed knew where to obtain birth control, but continued to take chances because of a number of personal and social obstacles.

> "The real problem in teen contraception is not in access but in attitude. Teens who do not use contraceptives fall into three groups: those lacking information or access; those who are unmotivated for a variety of reasons; and those who actually want to become pregnant, usually because their opportunities are so limited that parenthood seems the best route to love, recognition and autonomy."[4]

Many, in fact, of the adolescents that are seen in clinic programs and in the community have incomplete or incorrect information about their bodies and health and believe in a number of myths related to sexuality. More importantly, these adolescents are struggling with their own self-identity, their roles as males and females, their needs for affection, touch, caring and recognition, their feelings about sexual behavior, relationships and love. Their primary concerns in the area of sexuality center on what is normal and natural; what does it mean to love someone else and to be loved; what do men expect from women and women from men; how do you communicate your innermost feelings; and how to deal with trust, hurt and rejection. The adolescents themselves are asking for education in human relations and are struggling to figure out how they feel about sexuality and where sexuality fits into their total lives.

Problem-Oriented vs. Decision-Making Approaches to Sex Education

Focusing on the problems related to adolescent sexuality ignores the reality that all adolescents are sexual beings whether or not they're sexually active.

Even very young adolescents are very interested in "how things work" and "why things happen". They have been exposed to a wide range of sexual topics through the media, peers and the local community and need the factual information, understanding and insight to evaluate this input, to put sexuality into perspective and to weigh choices for themselves.

The problems related to adolescent sexuality are attributable not as much to ignorance of facts as inexperience with considering the costs and benefits of sexual involvement and a lack of decision-making tools and communication skills to convey personal values and standards. Sex education, however, conjures up different images for different people. Many people fear that if teenagers know about sex they will experiment sexually even though this has been shown not to be true. The popular concepts of sex education include reproductive education with an emphasis on facts; preventative education to discourage adolescent sexuality and character education to insure against moral disaster.

Sex education should not be "problem-oriented" or aimed at keeping adolescents "out-of-trouble", as adolescents turn off to this approach. A "stay-out-of-trouble" mentality does not prepare young people to deal with the myriad of choices and shifting standards facing them. The reasons why adolescents have sex are individual, sometimes complex, and influenced by a combination of factors from home, friends, school and community. All adolescents need correct, up-to-date information about their bodies and the opportunity to develop the attitudes, values and skills that would allow them to deal with their sexuality from a healthy perspective.

Educating adolescents to make informed decisions about sex and encouraging them to take responsibility for their sexual behavior require the cooperation and participation of the home, the school, the church, the community and the media in the educational process. Although many health, religious and social service agencies offer a variety of services to adolescents and parents, very few offer sex education as part of their program.

Need for Community Involvement

Family planning clinic staff with clinical and educational background in sex education are often asked to work with various schools, community agencies, professional and lay groups in the area of adolescent sexuality. With limited resources, it has become increasingly difficult to respond to all these requests. Many segments of the community feel comfortable utilizing the clinic as a resource and are eager to have staff deliver programs, train staff and work with adolescents and parents at their agencies. Few feel prepared or comfortable enough to deal with sex education with their own clientele or to develop and to implement their own programs. It seemed logical then to develop a process that would enable other youth agencies to share in the responsibility of educating adolescents and their parents about sexuality and responsible sexual behavior.

Many of the staff involved in these programs are concerned about sexual activity and its related consequences among adolescents and are interested in providing guidance to adolescents in the areas of relationships, values, dating, etc. Because sex education is a highly controversial and misunderstood area, many agencies have not known how to approach this topic with their adolescents. Many either ignore the area or refer the individual adolescent to a parent, school nurse, minister or family planning clinic for information. Few of the staff who work with adolescents have had the opportunity for education and training in presenting sex education programs to adolescents.

Program Approach

Under a contract from DHEW, funding was provided to Planned Parenthood/Alameda-San Francisco for a year-long demonstration project to develop and to demonstrate a sex education program for adolescents and for parents of adolescents and to train staff from various youth agencies to utilize these program approaches within their own agencies. The intent was to develop a program approach that would allow agencies who already worked closely with adolescents to involve themselves in the process of providing sex education to their clientele by offering programs that would speak to the informational and interpersonal needs of their adolescents and by preparing themselves to function as sex education resources for adolescents and parents within their agency and the surrounding community. The curriculum that was developed was specifically designed for youth leaders who were already experienced and comfortable working with adolescents and parents in group settings, but who were not professionals or experts in family planning or sex education.

Overview of Project

Program Objectives

The program objectives for the year-long demonstration project were as follows:

1. To develop community support for and participation in expanding the base of adolescent instruction in sexuality and responsible sexual behavior.
2. To develop and demonstrate a model educational program for adolescents emphasizing knowledge and attitudes about sexuality and responsible sexual behavior.
3. To prepare the staff of youth-serving agencies to deliver the model program; to communicate more effectively with adolescents about sexuality and to help adolescents with decision-making.
4. To develop and demonstrate a model educational program for adolescents and their parents emphasizing comfortable communication about sexuality between parent and adolescent.
5. To prepare the staff of youth-serving agencies to deliver the model parent-adolescent program and to communicate more effectively about sexuality with parents of adolescents.

Stages of the Project

The project was developed in the following stages:

1. Building community support.
2. Identifying demonstration sites.
3. Designing educational models.
4. Demonstrating education models.
5. Designing training program for staff.
6. Training staff from demonstration sites.
7. Observing replication of models by trained staff.
8. Evaluating impact of project.

PROJECT TEAM

The project team, consisting of the teen services supervisor and health educator from two of the Planned Parenthood centers plus the project coordinator, met with various youth agencies in Alameda County to discuss their possible participation as a demonstration site for the model sex education program for adolescents or the one for adolescents and their parents.

DEMONSTRATION SITES

Four agencies for the adolescent program and two agencies for the parent-adolescent program were selected to be demonstration sites based upon diversity of clientele; regularity of participation by adolescents in the agency's program; willingness to commit staff time and energy throughout the entire project; and support for the inclusion of health and sexuality education within their regular, on-going programs. The demonstration sites were located in five different communities within Alameda County. Please see the section on demonstration sites for more detailed information. Meetings were held with the program staff and management at each of the sites to discuss the details of their participation and to plan for community support.

ADVISORY COMMITTEE

A staff representative from each demonstration site, members from the Center Advisory Committees (these committees consist of consumers, youth agency staff, school, church and other community people) and the project team met to discuss the sex education needs of their clients and to share input for the model programs. This advisory committee also reviewed and approved other phases of the project.

CURRICULUM DEVELOPMENT

Based upon this input and from Planned Parenthood's previous experience and knowledge in the area of sex education, the project team then developed the educational designs and materials for the 10-hour adolescent model and the 6-hour parent-adolescent model and submitted the designs to the review committee and to the Project Officer for review and approval. Copies of the complete curriculum for the adolescent and the parent-adolescent programs are included in Chapters 4 and 6 respectively.

MODEL DEMONSTRATION

Following this review, a questionnaire was sent to the staff at each demonstration site to determine publicity needs, scheduling priorities and availability for training. Delivery of the programs was scheduled to meet those needs. Over a period of five months, staff from the project team demonstrated the sex education models at each of the demonstration sites with 1-2 staff observing from each of the sites. These staff observers were subsequently trained to replicate the adolescent or the parent-adolescent program within their own agencies. Program participants included 35 teenage females and 15 teenage males in the adolescent program; and 31 teenage females, 7 teenage males, 38 adult females and 6 adult males in the parent-adolescent program.

STAFF TRAINING

Based upon feedback from the adolescent participants, the parent/adult participants and the staff observers, the project staff revised the educational models and developed a training design to use in training the demonstration site staff. The training was designed to prepare the staff to work with adolescents and parents in the area of health and sexuality and to deliver the specific model that they had already observed. The training design was then reviewed and approved by the staff observers.

After scheduling the training program, letters were sent to over 65 youth-serving agencies in Alameda County, briefly explaining the project and inviting their staff to participate in the training program. Several agencies originally had expressed an interest in participating in the project, but were unable to be a demonstration site because of insufficient staff time or brief or sporadic participation of adolescents in their programs. By preparing their staff to deliver these educational models, it was felt that some of the agencies might be able to include sex education as part of their regular services.

Once the agencies returned a brief questionnaire describing their services to adolescents, their staffing data and where sex education would fit into their programs, agencies were selected that could best utilize the training and who expressed a willingness to include parts of the educational models in their services to adolescents and/or parents.

In addition to the demonstration sites, 43 staff representing a diverse mix of 20 educational, recreational, health, counseling, religious and social service agencies participated in the 6-week, 24-hour training program. After the completion of the training, the project staff met with the trained staff from the demonstration sites to plan the replication of the models at each of their agencies. The trainees then delivered the revised education programs to adolescents and parents in their own agency with project team staff acting as observers. Twenty-two adolescent females and 10 adolescent males participated in the replications. Additional agencies were in the process of replicating the programs as the Manual went to press.

Detailed discussions of each of the phases of the project, including recommendations based upon the findings, are presented in the following Chapters.

Chapter 1

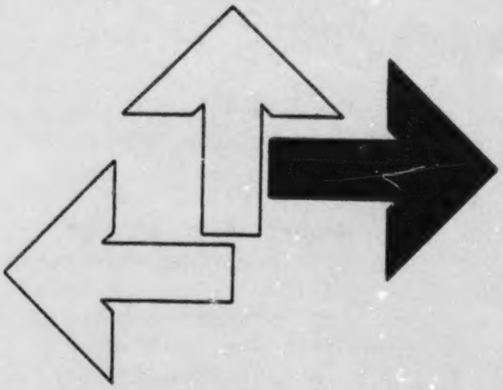
REFERENCE NOTES

1. Report of Finance Department to California State Legislature on Cost/Benefits of Family Planning, 1977.

2. Settlage, Baroff and Cooper, "Sexual Experience of Younger Teenage Girls Seeking Contraceptive Assistance for the First Time," Family Planning Perspectives, 5:4, Fall, 1973.

3. Zelnik, Melvin and Kantner, John, "First Pregnancies to Women Aged 15-19: 1976 and 1971," Family Planning Perspectives, Vol. 10, Number 1, Jan./Feb., 1978.

4. The Population Institute, The Youth Values Project, 777 United Nations Plaza, New York, 1978.



Chapter 2: How-to-Get-Started

Building Community Support

The process of building community support for sex education programs takes time, pacing and sensitivity to the issues relevant to each agency, the clientele it serves and the local community. Although the specific steps will be different for each community, it is important to establish the proper groundwork for the future success of the program. Because this program had a tight, one-year time frame, some of the components were rushed, inevitably resulting in obstacles at some later point.

Since the mid-60's, Planned Parenthood has worked with adolescents in their clinics and in the community and has established contacts or worked closely with the schools and many of the other youth-serving agencies. Because these agencies were already familiar with Planned Parenthood's work, it was not necessary to establish credibility as a sex education resource.

There has been a lot of recent newspaper and TV coverage and public outcry about the epidemic of adolescent pregnancies, the increasing VD rates and the high infant mortality rates in certain parts of the country. Many agencies, therefore, were already sensitized to these issues and were open to preventive approaches. Moreover, the staff from these youth agencies faced these issues on a daily basis with their own adolescent clientele. Additional agencies were identified by talking with school nurses, counselors, teachers, ministers, adolescents and other community people.

After identifying potential sites, the project staff called the director at each agency; briefly outlined the project goals and set up an appointment to discuss their possible participation. If the project staff had previously worked with program staff at the agency, they contacted them to discuss the feasibility of offering the program within their agency and to inform them of the meeting with their director. In the meantime, the director received a letter describing the project in greater detail and specifying the staff, time and resource commitments needed from their agency in order to participate as a demonstration site.

Establishing Need for Sex Education Program in the Agency

1. Clarify Approach - In meeting with the directors, it was extremely important to clarify a decision-making approach to sex education and to assess what they saw as the primary needs of the adolescents they served. This was essential for establishing where sex education might fit into a traditionally recreational, religious, social or other type of program for adolescents.

2. Compile Statistics - It was also helpful to compile statistics and narratives on the local community:

   a. adolescent pregnancy rates
   b. infant mortality rates
   c. abortion rates for adolescents
   d. number of adolescents served by family planning and unmet need
   e. numbers of unwed adolescent mothers in county
   f. numbers of adolescents in pregnant mothers' programs or resident homes
   g. school drop-out rates
   h. welfare statistics
   i. current sex education programs in schools

   By first discussing the current statistics on and their reactions to adolescent sexuality in their local community, the groundwork was laid for understanding the concepts of the proposed program.

3. Obtain Necessary Approval - In some instances the director had the project staff meet directly with the program staff and basically gave his/her blessing to the project. Some of the directors had to obtain permission from their board of directors. In other cases, the program staff were already excited about and committed to such a project; sold the idea to their director; and facilitated the approval of the program through channels.

4. Secure Commitment - Developing support for a new and controversial endeavor within an agency takes time and this process should not be short-circuited. Because there was only a year to fulfill the deliverables on the contract, the project staff quickly had to select and to commit the agencies as demonstration sites and may have over-looked agencies that would have worked out to be better choices in some instances.

5. Be Aware of Time Constraints - If you are working within a specific timetable, keep in mind that holiday season, school vacations, special events at the agency and sporadic or over-scheduled staff and board meetings are obstacles to rapid decisions, to planning and to implementation.

6. Involve Program Staff from the Very Beginning - One mistake was not insisting that all the staff who would be responsible for participating in the project be involved from the earliest stages of planning. Although program people were involved from the beginning, they were not always the specific people who would actually be delivering the program later on.

It is essential to present the concept of the program to all those who directly work with adolescents and/or parents in that agency. This is best done in a staff meeting by a person who knows, understands and is genuinely enthusiastic about the program.

7. Demonstrate Activities from the Program - It is also a good idea to demonstrate some of the activities and to have some of the materials available for perusal. This is the time to deal with the staff's philosophical and practical concerns related to adolescent sexuality and to the inclusion of sex education program for their adolescent clients

   In those cases where this was neglected, the staff did not fully understand the program and could not do an effective job of recruiting participants. Once they saw the program being demonstrated by the project staff, they were extremely enthusiastic and energetically sold the program to their adolescent clientele and to other agencies.

8. Identify the Climate for Sex Education in Your Community - If your comunity is not already sensitized to the issues surrounding adolescent sexuality or supportive of sex education programs, your approach will need to be slower and to encompass wider segments of the community. If a community does not believe in sex education or has offered none in the past, it may do more harm than good to implement a sex education program too quickly. Without building community support and being sensitive to the comfort level within the community, no program will be successful.

Demonstration Sites

In selecting agencies to be demonstration sites for this project, the project staff were concerned with how representative the agencies would be of the diversity within Alameda County and how applicable the experiences of these agencies would be for communities in other parts of the county. Other criteria for selecting the agencies are discussed after a brief description of each demonstration site. Additional data on the participants at each demonstration site are contained in Appendix A at the end of this chapter.

The agencies that were finally selected served a wide cross-section of people and were located in extremely diverse communities. Alameda County is a metropolitan area of approximately 1,100,000 people who live in urban, suburban, rural, small-town and unincorporated communities. The politics, economics, racial mix and flavor of each community is unique.

Demonstration Sites for the Adolescent Program

Demonstration Site #1 - a girls' club located in a small-town community (population approximately 71,000) that is predominantly white, middle class with many residents connected to the nearby military base. The agency serves girls ages 6-18, of whom 43% are minorities. Program participants were 14 females, ages 11-15, most of whom were 12 years old and in the 6th grade. 80% are white and 20% are Mexican-American.

Demonstration Site #2 - a boys' club located in a large, urban city (population approximately 338,000) in a predominantly black, low income area where up to 37% of the families have incomes below poverty level. This agency offers a wide variety of recreational, educational and counseling services to boys and girls from the ages of 6-18. Within their target area, 80% of the population is non-white and 76% is black. Program participants were 7 males and 2 females, ages 14-18, and 100% black.

Demonstration Site #3 - a recreation department located in a predominantly white and Spanish, lower to middle income community (population approximately 68,000). There is a large retirement community where most people own their own homes. There is a fair size Portuguese community. This agency is part of city government and serves the entire community. They offer a number of recreational, sports, skills and social activities to all ages of males and females. No data is available on the clientele they serve. Program participants were 7 males and 6 females, ages 13-15, 50% are white; 40% black; 10% Spanish and other.

Demonstration Site #4 - a youth organization that is located in a predominantly white, middle income community (population approximately 117,000). Approximately 50% of the population is blue collar and many work at a large automotive plant nearby. There is a fairly large Spanish-speaking population. This agency offers a variety of community services to females ages 12-16. The adolescents that they serve are 40% white; 35% Mexican-American; 20% black;

3% Asian; and 2% other. Program participants were 13 females, ages 13-16 and 50% white; 40% Mexican-American and 10% black.

Demonstration Sites for the Parent-Adolescent Program

Because there was difficulty recruiting a sufficient number of parents to one of the two original demonstration sites, two demonstration sites were added to permit a broader testing of the program approach for the parent-adolescent model. These difficulties are discussed in the section on Demonstrating the Parent-Adolescent Program in Chapter 6.

Demonstration Site #1 - a big sisters program located in a large urban city. They serve several parts of Alameda County and thereby a racially and economically mixed clientele. This agency offers counseling, recreation and companionship services to females, ages 6-17, who are primarily from single parent households. 64% of the adolescents that they serve are black; 20% are white; 3% are Latina; 1% are Asian and 12% other. Program participants were 13 females, ages 11-14, 100% black (adolescent participants). Adult participants were 10 females; 50% black; 40% white and 10% other. Adult participants included parents and big sisters.

Demonstration Site #2 - a community church located in a predominantly white, lower to middle income community. The church offers religious and counseling services to the local community. No data is available on their membership. Program participants were 6 females, ages 11-16, 80% white and 20% other. Adult participants were 8 females and 1 male, ages 33-47, 88% white; 12% other.

Demonstration Site #3 - a national organization serving the needs of single parents and their families. They offer a variety of social, educational and support activities for single parent families. This chapter is located in an urban, racially mixed community. Program participants were 7 males and females, ages 12-15, 48% white; 28% Spanish; 14% Chinese. Parent participants were 4 fathers and 7 mothers, ages 33-51, 73% white; 18% Spanish; 9% Chinese.

Demonstration Site #4 - the participants were recruited from an adult education class in human sexuality given at the local hospital. The class was comprised primarily of nurses and some adults from a local college. The participants live in a predominantly white, middle class, conservative community. Program participants were 4 males and 8 females, ages 13-17; 92% white; 8% Filipino. Adult participants were 1 male and 13 females, ages 31-42; 93% white; 7% Filipino. Adult participants included parents and non-parents.

Selecting Agencies

When the project staff approached various agencies and organizations about participating as a demonstration site for the model sex education program, many agencies were interested but did not fit the considerations discussed below. The most common problem was the lack of an on-going program for adolescents. Many of the agencies saw adolescents for one or two visits and were not confident that the adolescents would participate in all sessions of the program, Several of the agencies felt that such a program could be successful with the proper groundwork and effective publicity. A few agencies looked viable on paper, but actually offered programs that were poorly attended, disorganized, or lacked credibility with adolescents. The following factors seemed to contribute to this situation:

1) agency staff did not relate well to adolescents
2) isolation from community opinion and/or lack of understanding of local community
3) insufficient and/or ineffective outreach and publicity about the agency's programs
4) lack of adolescent input and feedback for programs

Several agencies were interested in the training for their staff, but could not commit themselves to the time and energy resources to be a demonstration site. Some of these agencies, however, had their staff participate in the staff training phase of the project.

Very few agencies reacted negatively to the idea of sex education programs within the community and most were very supportive of developing the capacity to respond to these needs within a diverse cross-section of the community.

Once you have identified agencies who might be interested in participating in a sex education project, it is important to take a closer look at each possible site to see if they meet enough of the criteria stated below to ensure the successful completion of such a program. If your community has only a few youth agencies, it may not be possible to pick and choose, but the criteria can serve as guidelines for identifying potential obstacles to implementing an effective sex education program.

Agency Profile

1. What is the reputation of the agency in the local community for quality of services, staff and commitment to community needs?

2. What is their credibility with adolescents? with parents?

3. Does the agency view sexuality and health information as important to the adolescents that they serve?

4. Are the administrators and program people open to presenting such information as a part of their program for adolescents?

5. Is the agency aware of the local community's attitudes toward sex education? Do they have mechanisms developed for dealing with community reactions?

6. Is the agency willing to commit staff time and energy for planning, observation, training and evaluation? If so, have the appropriate people been informed and given their approval (board, advisory groups, line staff, management, etc.)?

7. How reliable is this agency for fulfilling its commitments? Do they follow-through on programs, inter-agency projects and community events?

8. Are they able or willing to contribute or to arrange for the necessary resources for the project, e.g. space, supplies, publicity?

Client Population

1. How are adolescents or parents served by this agency? Do their clients come to the agency as part of an organized program or on a regular basis? (This can be very important for a program that requires continuity.)

2. Can they tell you how many adolescents or parents are actively involved in their programs?

3. What are the usual times that the adolescents are at the agency? When you visit the agency during program times, do you see well-attended programs? Are the adolescents reliable in showing up for other events at the agency?

4. How are adolescents grouped within their programs (age, interests, sex, grade in school, neighborhood, etc.)? Do they see enough clients in the age group that you're interested in (i.e., pre-adolescent, adolescent, parents of adolescents)? You usually need a pool of participants to draw from that is at least 2-3 times greater than your desired group size.

5. Are there problems with the population that would interfere with doing the project there? For instance, the group is too advanced for the proposed program or already had a similar sex education program at school or at church. Do they have physical, emotional or learning disabilities or language barriers that would require special consideration?

6. Do the parents object to such a program? Does the agency have a mechanism for parental input, permission and feedback?

7. Do they already have on-going groups or services for adolescents or parents or would they be recruiting participants specifically for the sex education program?

Motivation for Program

1. Who has expressed a need for such a program? Adolescents? parents? staff? board or administration? professionals?
2. What is behind the "need" for this program (i.e., wanting to reduce teenage pregnancy or VD? discourage adolescent sexuality? deal with changes of puberty? increase participants' skills and information)?
3. Who will have input into the program?
4. Do you have to provide the energy for the program or are the staff and agency already motivated?
5. What kind of participation are they willing/able to do? (Name only? space only? co-sponsorship? recruit participants? participate in program? participate in training? lead programs?)
6. Do they want you to put on the program or do they want to be trained to do it? (Delivering a program and training staff to deliver a similar program require different skills, time, energy and resource commitment.)

Staffing

1. Do their staff have the necessary skills or willingness to learn? (See section on Selecting Staff for specific criteria.)
2. Which staff want to do the program and which are willing to do it? Is their participation voluntary or an assignment from above? (Even the best of programs can be sabotaged by disinteresed, inept or unprepared leaders).
3. Are the staff who have been designated to be trained to deliver the program appropriate for this role? Are they open to health and sexuality information for adolescents and to learning how to deal with these topics as a group leader?
4. Are the staff planning to continue in the role as a sex education resource?
5. Does the staff have both the informal and formal support of their agency (i.e., necessary time for planning, implementing and evaluating program; sufficient resources for publicity, space, program materials and administrative backing in case of flak from the media, parents, or other parts of the community)?
6. Can participating staff obtain in-service, continuing education or other job-related credit or certification?

Practical Considerations

1. Who will pay for the program? Planning, delivery and evaluation time must be considered as well as xeroxing of materials, refreshments, travel time, educational aids, staff training, etc.

2. Can the agency allot the necessary time frame for the project given their other commitments?

3. Does the agency's time frame fit your particular requirements (funding cycle, availability of staff, other types of deadlines)?

Selecting Staff

Whenever possible it is important to select individuals to present sex education programs to adolescents who meet the criteria listed below. Realistically there may only be one or two people assigned to work with adolescents or available to work on such a program. Although the program is designed to be led by one person, it is far better to have co-leaders, preferably a male and a female. Because of the number of activities involved and the importance of group participation, it helps to have one leader attend to the presentation of the activities and the related tasks and the other to observe group process and to facilitate each individual's participation. It was found to be essential to have group leaders who are liked and respected by the adolescents and who believe in the value of sex education for adolescents. They also must have good group skills. Professional affiliation does not always indicate the best person for the job. Suggested criteria for selecting staff include:

1. Rapport with adolescents
    a. Previous experience working with adolescents
    b. Ability to relate both to adolescents and parent's values
    c. Ability to communicate in terms that are clear and understandable to adolescents
    d. Willingness to share something of yourself - to be a role model
    e. Sense of humor
    f. Respect for confidentiality
    g. Reponsive to the needs and ways of adolescents
2. Group skills
    a. Comfort with group settings
    b. Open to differing opinions, ideas, morals and values
    c. Respects other's limits
    d. Knows own limitations
    e. Flexible - facilitator rather than authority
3. Organizational skills
    a. Ability to maintain energy and commitment to see program through to end
    b. Assertive enough to keep program pulled together
4. Sexuality
    a. Generally comfortable with own sexuality
    b. Open to learning and feedback
    c. Interest and enthusiasm for subject matter
5. Community relations
    a. Familiar with local community and its values and mores
    b. Ability to adapt skills learned in training to own setting

In addition to these criteria and basic knowledge of sexuality and family planning, a sex education resource person needs to examine his/her own views about adolescent sexuality and to identify his/her own values regarding some of the following questions:

1. How do I feel about adolescents having sex?
2. Is it OK for adolescents to experiment sexually if they stop short of intercourse?
3. What do I see as alternatives to intercourse? How should adolescents cope with their sexual feelings?
4. How young is too young if responsibility is taken and neither unwanted pregnancy nor sexually-transmitted disease occur?
5. How would I handle my adolescent son or daughter having sex or asking for birth control?
6. What do I see as the parent's role in sex education?
7. How do my professional views fit with my personal or religious ethics?

It is important for the group leader to explore these issues prior to presenting a sex education program in order to minimize imposing his/her own value system.

Recruiting & Attracting Participants to Program

Attracting adolescents and parents to new sex education programs is an art in itself. Many people have narrow and/or erroneous concepts about sex education. Because sex education is a sensitive, misunderstood topic, it is important to emphasize the variety of topics involved.

CLARIFYING CONTENT AND APPROACH

The same adolescents who act embarrassed, shy or too knowledgeable for a sex education program are very interested in a program that will cover relationships, dating, pros and cons of sex, birth control, decision-making, health tips and related topics. This is equally true for staff and for parents. It became very clear that people's ideas for sex education run the gamut from birds and bees lectures to the horrors of VD to explicit pictures about sex. Most seemed surprised and relieved when they understood that sex education could be approached as human relations education.

ADDRESSING MISCONCEPTIONS

Adults, in particular, fear that explicit sexual films will be shown and that techniques of sexual intercourse will be discussed. Adolescents are suspicious that the program will be dry, boring, "old-hat", or personally threatening or embarrassing. Neither can imagine an atmosphere comfortable enough to sustain group interaction and participation. Adolescents tend to view sex education as limited to diagrams of reproductive physiology and moralizing lectures about the evils of sex. It is particularly important to state what you mean by sex education and to stress that decision-making, values, relationships and communication are also a part of sex education. It is also helpful to mention the highlights of the program that would be appealing to adolescents --- music, slide shows, group activities, films, refreshments and a non-threatening, relaxed atmosphere.

UTILIZING PERSONAL CONTACT

It is essential that the staff who deliver the program or who work closely with the adolescents, understand and enthusiastically support the program in order to sell it to adolescents. They need to have an opportunity to go over the program in some detail, to understand the goals and objectives and to feel comfortable with the activities. Adolescents are extremely loyal to leaders who relate well to adolescents and who offer interesting programs. This relationship is a key factor in attracting adolescents to such programs. Adolescents are also effective in getting their friends and siblings to come. Without such personal contact, recruiting adolescents would be very difficult. Once the adolescents are there, the program sells itself if it is well-presented. The leaders are also familiar with their adolescents' schedules and can anticipate conflicts with other activities, transportation problems and other logistical considerations.

Climate for Sex Education

Some of the demonstration sites were more concerned about possible negative reactions from their local community than others. One agency used a straightforward approach and called the program "The Facts of Life for Teenagers" in its publicity. Another agency in a very conservative community called the program "Growing Up Female" and stressed the growth and development aspects of the curriculum. A third site used the jazzier, but riskier, title "Sex and the Single Teen", in its newspaper and newsletter publicity and did not receive any flak from the community. Obviously, each agency must assess the climate for sex education within its own community and approach publicity accordingly.

PARENT MEETINGS

Parent meetings were offered prior to the adolescent program at each demonstration site. These meetings were designed to correct misunderstandings, to deal with parental concerns and to explore the possibilities for parent education. Only one demonstration site formally scheduled such a meeting and only three parents showed up. After hearing the content and approach of the program and viewing some of the materials and activites, these parents were very much reassured and wanted a similar course for themselves.

PARENT PERMISSION

Parents' permission was required for adolescents participating in the adolescent program, but each demonstration site handled this differently. At the girls' club, the parents enroll their daughters in various classes and the sex education program was offered as a regularly scheduled class. At the recreation department, the parents knew the recreation leaders and gave verbal permission over the phone. The staff at the boys' club had known most of the boys since childhood and did not specifically ask parents for permission, although the parents knew that their sons attended programs at the club. The Y.W.C.A. in a very conservative community obtained parent's permission by phone, but the project staff felt that written permission was necessary because of recent unfavorable publicity regarding sex education in the local media.

CONSERVATIVE COMMUNITY

If the community is very conservative, it may be important to enlist the support of a local church, "Y", or P.T.A. group to endorse or to co-sponsor the program. It may also be possible to approach local media people with low-key, but specific, data on the ramifications of adolescent sex, pregnancy and early parenthood; the need for preventative approaches and the role of sex education in this effort. A supportive story or radio interview that presents sex education as human relations education can do much to overcome a community's fears and concerns.

HOSTILE PRESS

If the press is hostile to sex education, perhaps there is a board member, council person, doctor, business person, minister or other person who is influential in the local community and who can lend their support to the program. You can also defuse possible negative reactions by publicizing the program as being about adolescent growth and development, adolescent health issues or growing up male/female. There is a risk of creating false impressions or misinterpretations for potential participants.

Publicizing the Adolescent Program

The best approaches for publicizing the program depend to a great extent on the particular organization, its clientele and the local community. First you have to find out how the sponsoring agency usually announces programs and communicates with its clientele.

Do they utilize:

- posters or announcements posted around the building, school or community?
- regular newsletter or bulletin to membership?
- special flyers or mailing?
- radio, newspaper or TV spots?
- announcements through other agency's publications or inter-agency forums?
- professional recommendations?
- word-of-mouth?

If the adolescents already have an on-going relationship with the group leaders, word-of-mouth can be just as effective as other types of publicity. If you are attracting adolescents from the entire community, it is helpful to have a catchy title, an attractive flyer and a well-known location. Dry publicity that has research, medical or "problem-oriented" overtones may appeal to some adults, but definitely scares away most adolescents. Examples of publicity flyers are attached as Appendix B.

Publicizing the Parent-Adolescent Program

In publicizing the parent-adolescent program, it is important to emphasize the communication and decision-making aspects of the program as they relate to sexuality and other issues between parents and adolescents. It helps to give some idea of the activities and the approach of the program in the publicity and to highlight an educational rather than a "problem-solving" atmosphere. Many parents and adolescents are reluctant to expose their views of sexuality to each other and worry about revealing or hearing something that would be a source of embarrassment or conflict.

It is unlikely that most parents would participate "cold" in such a program without some previous contact with the sponsoring agency or the group leaders. To encourage parents' participation, endorsement from an acknowledged authority -- a pediatrician, a school counselor, a minister, a P.T.A. president -- can lend the needed credibility to the program. Word-of-mouth from neighbors, members of a parent group or other peers can be even more effective in attracting parents to sex education programs.

It was extremely difficult to attract sufficient numbers of parents to a sex education program for parents and adolescents. This difficulty had less to do with publicity than with other obstacles to encouraging parent involvement. A fuller discussion of these obstacles is included in the section on Demonstrating the Parent-Adolescent Model in Chapter 7.

Successful approaches to recruiting parents included phone contact by agency staff, announcements in regular agency newsletters, school credit for participation, special flyers passed out at a general membership meeting and word-of-mouth. An example of a flyer that drew favorable comments is included in Appendix C.

Resources

The resources needed to develop and to implement a sex education program will vary considerably depending on a number of factors, including: 1) length of program, 2) comprehensiveness of goals and objectives, 3) availability of curriculum, 4) availability of multi-media materials, 5) number of staff and participants involved, and 6) type of accommodations, equipment, publicity, refreshments and transportation.

The time required for adequate needs assessment, pre-program preparation, post-program de-briefing and resource coordination tends to accumulate rather quickly. A conservative estimate is that an equal number of hours are needed for these phases as for the actual delivery of the curriculum. If building community support and developing educational or training curriculum are also involved, a more accurate ratio of preparation to delivery time would be 4:1.

True estimates of the costs for a sex education program should include estimates for:

1) staff time
2) meetings
3) curriculum and materials development
4) program delivery
5) informal and formal consultation with participants, agency staff and other community people
6) de-briefing and evaluation

Cost control is possible by sharing resources whenever possible and by using already existing channels of communication and decision-making within the community when appropriate.

DEMOGRAPHIC DATA
ON
PARTICIPANTS IN ADOLESCENT PROGRAM

SEX: Female 35 Male 14

AGE: 11 1 14 16 17 1
12 9 15 7 18 1
13 11 16 3

GRADE IN SCHOOL: 5th 1 6th 8 7th 4 8th 16
9th 15 10th 2 11th 3

RACE: Black 14 Spanish 9
White 24 Other 2

RELIGION: Protestant 13 Mormon 1
Catholic 19 Other 10
Jewish 2

NUMBER OF SISTERS: None 11 One 15 Two 14 Three 5
Four 3 Five or more 1

NUMBER OF BROTHERS: None 11 One 18 Two 10 Three 5
Four 2 Five or more 3

BIRTH ORDER: Oldest 13 Middle 23 Youngest 11 Only 2

HAS HAD A SEX EDUCATION CLASS IN SCHOOL: Yes 40
No 9

(Most had only had a brief class on menstruation and puberty)
4th-6th 32
7th-9th 15
10th-12th 2

Appendix A, Chapter 2

DEMOGRAPHIC DATA
ON
PARENT PARTICIPANTS IN PARENT-ADOLESCENT PROGRAM

SEX: Female 38 Male 6

RACE: Black 5 Chinese 1 Filipino 1
White 33 Spanish 1 Other 3

RELIGION: Protestant 16 Mormon 1
Catholic 9 Other 13
Jewish 1

MARITAL STATUS: Single 4 Divorced 19 Married 20
Separated 1

NUMBER OF DAUGHTERS: None 14 Two 8 Four 1
One 18 Three 2 Five or more 1

NUMBER OF SONS: None 11 Two 10 Four 1
One 21 Three 1

WHO DOES MOST OF THE SEX EDUCATION IN THE HOME?: Mother 28
Mother and father 9
No one 2

DEMOGRAPHIC DATA
ON
ADOLESCENT PARTICIPANTS IN PARENT-ADOLESCENT PROGRAM

SEX: Female 32 Male 6

AGE: 11 4 13 10 15 5 17 2

12 4 14 8 16 5

GRADE IN SCHOOL: 6th 4 8th 7 10th 6 12th 1

7th 9 9th 6 11th 5

RACE: Black 10 Spanish 2 Other 2

White 23 Filipino 1

RELIGION: Protestant 13 Other 3

Catholic 13

Jewish 1

NUMBER OF BROTHERS: None 11 Two 5 Four 2

One 15 Three 3 Five or more 2

NUMBER OF SISTERS: None 12 Two 4 Four 2

One 14 Three 3 Five or more 3

BIRTH ORDER: Oldest 17 Middle 12 Youngest 8 Only 1

LIVES WITH: Both parents 15 One parent 17 Other 6

HAS HAD A SEX EDUCATION CLASS IN SCHOOL: Yes 23 No 15

(Most had only had a very brief session on menstruation and puberty)

4th-6th 15
7th-9th 5
10th-12th 3

CITY OF
RECREATION DEPARTMENT

SEX AND THE SINGLE TEEN PART II

LIVELY DISCUSSIONS, RAPS

WHEN: FEBRUARY 11 & 18 (SATURDAYS)

TIME: 10:00 A.M. TO 4:00 P.M.
(INCLUDES LUNCH)

WHO: 8TH & 9TH GRADERS

WHERE: CASA PERALTA-834 WEST ESTUDILLO AVENUE

DMP:cf

For more information, call Rec Dept-577-3479, Girls' Club-357-5515, Boys' Club-483-5581

CITY OF
RECREATION DEPARTMENT

SEX AND THE SINGLE TEEN PART II

LIVELY DISCUSSIONS, RAPS

WHEN: FEBRUARY 11 & 18 (SATURDAYS)

TIME: 10:00 A.M. TO 4:00 P.M.
(INCLUDES LUNCH)

WHO: 8TH & 9TH GRADERS

WHERE: CASA PERALTA-834 WEST ESTUDILLO AVENUE

DMP:cf

For more information, call Rec Dept-577-3479, Girls' Club-357-5515, Boys' Club-483-5581

CITY OF
RECREATION DEPARTMENT

SEX AND THE SINGLE TEEN PART II

LIVELY DISCUSSIONS, RAPS

WHEN: FEBRUARY 11 & 18 (SATURDAYS)

TIME: 10:00 A.M. TO 4:00 P.M.
(INCLUDES LUNCH)

WHO: 8TH & 9TH GRADERS

WHERE: CASA PERALTA-834 WEST ESTUDILLO AVENUE

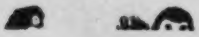
DMP:cf

For more information, call Rec Dept-577-3479, Girls' Club-357-5515, Boys' Club-483-5581

CITY OF
RECREATION DEPARTMENT

SEX AND THE SINGLE TEEN PART II

LIVELY DISCUSSIONS, RAPS



Appendix C, Chapter 2

THE JOYS & SORROWS OF PARENTS & TEENAGERS

A WORKSHOP TO HELP PARENTS AND TEENAGERS TALK MORE COMFORTABLY AND TO COMMUNICATE MORE EFFECTIVELY ABOUT DECISION-MAKING, HEALTH, DATING, RELATIONSHIPS AND SEXUAL ISSUES DURING THE TEEN YEARS. AN OPPORTUNITY FOR TEENAGERS AND PARENTS TO DISCUSS THESE ISSUES IN A COMFORTABLE, NON THREATENING ATMOSPHERE AND TO HEAR WHAT OTHER TEENAGERS AND PARENTS THINK.

THE PROGRAM

GROUP ACTIVITIES, DISCUSSIONS, SLIDE SHOWS AND FILMS ON TEENAGE RELATIONSHIPS ARE PLANNED TO ALLOW BOTH TEENS AND PARENTS TO HAVE FUN TOGETHER AS WELL AS TO LEARN.

THIS PROGRAM WILL BE PRESENTED BY THE SUPERVISOR OF TEEN SERVICES, SUSAN NISBET, R.N., AND THE HEALTH EDUCATOR, CHERI PIES, M.S.W., FROM PLANNED PARENTHOOD ALAMEDA/SAN FRANCISCO.

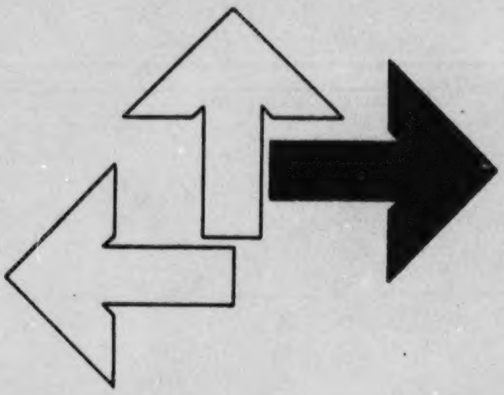
DATE: SUNDAY, OCTOBER 8, 1978 SUNDAY, OCTOBER 15, 1978

TIME: 6-9 P.M.

COST: FREE

THIS WORKSHOP IS OPEN TO ALL TEENAGERS AND ADULTS. TEENAGERS AND THEIR PARENTS ARE WELCOME, BUT YOU DO NOT HAVE TO BE RELATED TO PARTICIPATE.

FOR INFORMATION: PLEASE CONTACT SUSAN OR CHERI AT #654-5550.



Chapter 3: General Tips for Group Leadership

General Tips for Group Leadership

In demonstrating the education models at different agencies, we found that certain factors contributed to the effectiveness of the program. The following suggestions apply to both the adolescent and the parent-adolescent programs. Specific suggestions for each of the activities in the program are discussed in the Rationale and Suggestions section. This section immediately follows the educational design for each model in Chapter 4 and Chapter 6.

Group Setting

The proper setting is important for making participants feel comfortable and for facilitating their learning during the program. The leader needs to be aware of a number of factors, including:

1) Seating - try to have comfortable chairs in a circle and some floor pillows. Some people feel uncomfortable sitting on the floor.

2) Type of room

    a. Look for a comfortable room with flexible seating and sufficient wall space. Lecture halls, gyms and other rooms with fixed seating do not work out well because the space needs change as group members move from small groups to large group discussions to work groups to audio-visual presentations.

    b. Find a room that fits the size of the group. If the room is too small, it is difficult to break into small groups and the level of noise and distraction can be too great during group activities. Some people are inhibited from talking if group members are too close together. If the room is too large, it takes extra energy to initiate and to maintain group discussions. Some people feel overwhelmed by too much empty space.

    c. Find a room that can be reserved for the program. Do not attempt to run the program in the midst of other activities. Continual distractions from other staff, adolescents, etc. can use up valuable time and can interrupt the flow of group discussion.

    d. Monitor the climate within the room. A room that is too warm promotes dozing; one that is too cold produces a grumpy atmosphere. Watch for the pollution level. You may want to put smokers by the door or window or establish a no-smoking policy combined with more frequent breaks.

3) Refreshments are important and care needs to be taken to make sure that they are always provided and appealing. Why?

   a. First, because adolescents are often hungry and their attention is better if some snacks are provided, particularly during after-school, evening and weekend programs.

   b. Second, eating together is a comfortable activity and helps to ensure a welcoming, non-threatening group atmosphere. This is also an excellent time for leaders to mix with group members, to establish personal contact and to do informal monitoring of the program.

   c. Third, talking about sex, bodies and relationships can be anxiety-producing and having something to hide behind can be comforting.

Establishing Group Climate

It is easy to forget that sex education is a controversial and potentially threatening area for most people and that we are asking people to be open and to share something of themselves. Therefore, the leaders must be prepared to extend themselves and to share themselves as an individual as well as a group leader. The tone that is set by the leader can make or break the program.

1) Make people feel welcome and included from the moment they arrive. The leaders should have name tags on and be set up prior to the meeting time in order to greet people as they arrive and to make personal contact with each participant. Handing out name tags; offering refreshments; making informal conversation about the participant's school, community, family, whatever are important for establishing a non-threatening atmosphere.

2) Establish groundrules at the very beginning and reinforce as necessary during the program. Some useful groundrules include:

   a. Everyone is free to participate at their own level. Some people are talkers; some are listeners and others are doers. All have something to contribute to and learn from the group.

   b. Anyone has the "right to pass" during any of the group activities or discussions. You need only share what you feel comfortable sharing.

   c. Everything that is said in the group should remain within the group. The group is a special time to share values and to discuss concerns. Confidentiality is to be respected.

   d. Any question will be taken seriously and treated with respect.

3) Discuss the participants' expectations for the program. After the leaders have introduced themselves and presented the groundrules, it is useful to spend a few minutes discussing the participants' main reasons for attending the program -- what they hope will or will not happen; whether their expectations can be accommodated within the program plan. Addressing participants' expectations and needs early in the program helps to prevent misconceptions, hidden agendas and unrealistic expectations.

4) Introductions and warm-up exercises need to be geared to the particular group.

   a. Have a sure-fire way of getting started. Since every group spends the first few minutes sizing up the leader, what you say won't be as important as how you say it and will largely determine how you are heard for the rest of the session.

   b. If most of the participants already know each other, you can use a warm-up that focuses on learning something new about each group member or communicating about oneself in a group.

   c. If the participants don't know each other or there are cliques, you need to use a warm-up that mixes all the group members together and that allows them sufficient time for getting acquainted.

Group Leader Skills

Although each of the project group leaders had very different personal styles, they were all comfortable dealing with sexuality with adolescents and parents in group settings. The curriculum is designed for non-experts in sex education, but it is assumed that the leaders have had previous experience working with adolescents in groups. Suggested criteria for selecting staff to be sex education resources are discussed in Chapter 2.

1) The program can be delivered by one leader; it is definitely better to have two leaders.

   a. One leader can observe group process, noting the comfort level of the group, the level of participation and non-verbal cues while the other leader presents information or leads a group discussion.

   b. Different leaders have different skills. Some lead exercises better, others lecture better. Some are more low-keyed or high energy. They can provide back-up for each other on the days when one leader has more personal energy for the group than the other.

c. Try to have both a male and a female group leader. This implicitly says that sex education is not just "women's work." The leaders' interaction can provide role models for group members as well as to encourage males to ask questions.

2) Get to know your co-leader.

a. It is important for the co-leaders to meet before and after each session to plan their respective tasks, to give each other feedback and to make necessary adjustments to the program.

b. It helps if they can discuss what each is best at and what their expectations of each other are (i.e., "I like the animated way you present the dating case studies. Would you handle that part of the topic?"; "I feel very clear about the anatomy information and enjoy presenting it. Would you be willing to present the birth control information?").

c. It is a good idea for the co-leaders to discuss how they want to handle possible controversial issues or problem situations ahead of time.

3) Be aware of personal qualities that can enhance the group process.

a. Participation - leaders should participate in the group process rather than be detached "gods;" it is often wise to have the leaders sit a few seats apart to avoid the power being stacked at one end of the room.

b. Acceptance - all questions need to be considered and answered without put-down (obvious or implied) by the leaders. Since most people do not have access to correct information about anatomy, physiology, sexuality or family planning, the leaders need to take seriously any question or concern, no matter how obvious the answer may be.

c. Humor - there is a lighter side to sexuality; group discussions can be fun. No stand-up patter is required, just the leaders enjoying themselves. Stay away from sarcasm and "cute" jokes about sex, since these tend to create awkward silences.

d. Fallibility - leaders are human beings, though professionals and (hopefully) adequately trained. It is perfectly acceptable to admit a lack of knowledge about an area when someone questions you. Tell them you don't know, but will get them an answer. Ask if someone in the group knows the answer. Do not give out information that you are not sure of; it may be wrong and you may not have the chance to correct it later.

e. Personal disclosure - be prepared before you begin leading groups for the depth of personal information you will respond with, so that questions such as, "how often do you have intercourse?" or "how old were you when you first had sex?" will not throw you. Groups will accept either the truth or an answer that reflects need for privacy in certain personal areas. Group members can generally spot a hedge or phony answer and will tend to mistrust the leader after that.

f. Availability - probably the most valuable time for any group leader is immediately after the group breaks up. Take time to be available for personal questions. At least one leader should stand slightly away from the main body of the group, so that the shy, troubled or embarrassed group member can feel free to approach.

Structured Group Activities vs. Group Discussions

The various activities and exercises included in the models are designed to reach particular learning objectives -- cognitive, affective and attitudinal. Structured activities encourage active participation yet valuable learning also takes place during less structured group discussions.

1) Both adolescents and adults will participate in group activities more willingly and comfortably if the group leader explains the relationship of the activity to the learning objectives for the group. This does not have to be done in a wooden, didactic or gamey way, but can relate to real interests and concerns.

For example, the group leader may ask the group's opinion on how the adolescent males and females act toward each other on one of their favorite T.V. shows and how that compares with their own peers. The leader might then relate this to the film that they're about to see, "keeping in mind what we've just discussed, watch the adolescent couple in this film and see what you like or dislike about their behavior with each other." "What do you think it takes to be honest about your feelings with someone in a close relationship?"

2) Imaginative introductions tend to promote interest in the next activity and create a theme among the activities for that session. In contrast, if the leader uses a dry introduction, "and now we're going to discuss what you like and dislike about adolescents on dates and then we're going to see a film about this," the group is more likely to react as if their opinions don't matter or that they can't bring up the issues that matter to them.

3) It is important to remind yourself that the participants are more important than the curriculum. The various activities are merely tools for reaching particular learning objectives. Sometimes a spirited, spontaneous group discussion will have far more impact than a carefully planned, step-by-step exercise.

Encouraging Group Discussion

It is imperative for the group leaders to facilitate group discussion by processing the activities. Processing involves drawing out participants' reactions to both the content and the process of the activity; making connections between the group's experiences to their real-life experiences; and highlighting or summarizing important points made by the participants.

In generating group discussion, there is a difference between posing interesting, challenging questions or moral dilemmas and asking rhetorical questions or spoonfeeding information. You want a give/take response rather than a teacher/pupil atmosphere. It is best to avoid the syndrome of raising hands and calling on adolescents. Encouraging people to share can best be done by the leader positively affirming others. Adolescents especially watch how you respond to others. If you ignore an adolescent's input or discount their opinion, soon very few of the members will respond.

The leader also needs to be flexible in dealing with different learning styles by: 1) adjusting pacing of activities to energy and moods of group, 2) planning active participation by adolescents/parents, 3) recognizing that there are many alternatives to reaching particular learning objectives, 4) allowing relevant discussions to develop while focusing on the goals of the program and 5) balancing the learning needs of the individual with those of the group.

The following group dynamics issues are also important:

1) Quiet or fidgety group - if the group is very quiet or fidgety it is helpful to determine whether they're bored or involved. Do not be over-quick to break a silence since a group member may be mustering the courage to speak out. It is okay to ask adolescents if they're bored. If they say "yes," find out what bores them and what they need and move on to a relevant topic.

   Are they centered on what's happening or off somewhere else? If they're watching a movie and have good eye contact, they're probably involved. If the information is controversial or anxiety-producing, there may be fidgeting, giggling or moving around. The leader can acknowledge that the subject may be difficult to talk about at first.

2) Noisy or boisterous group - most adolescents have a high energy level, short attention span and a need to move around. It helps to have some outdoor or recreational equipment such as frisbees, basketballs, etc. available for breaks and lunch hour. Everyone has the chance to let off some energy and to relate informally as a group. This is also an excellent opportunity for the leaders to mix with the group members; to elicit informal feedback; and to observe interpersonal behavior.

   If the group is very noisy, the leaders sometimes need to separate the vocal members. It helps to make it clear to the participants that they will have to assume the major responsibility for making sure that everyone has the opportunity to talk and to be heard. If it becomes too noisy, the leaders may want to stop and just listen to what the participants are talking about among themselves.

3) Hostility - some group members, occasionally, will take out their personal anger or fear by becoming overtly hostile, using put-downs or laughter against another group member or the leaders. Generally, other group members will deal with the hostile member at some point along the line, but do not become defensive and feed into the hostility. If the put-downs are directed toward a group member's questions, try to rephrase the question, bringing out the kernel of a more appropriate question that is always there behind any "dumb" question.

4) Proper pacing of activities - timetables are great, but if half or more of the group really seems to be getting something out of a particular topic or discussion, it is detrimental to stop. It may be possible to incorporate the objectives for another activity within the current discussion.

   If everyone is bored with something like brainstorming, it is best not to continue even if you still have 10 minutes to go. Move on to something else since that is time that can be spent on a topic of greater interest.

   Another technique to generate group discussion and to elicit lots of ideas is brainstorming. A leader needs to use this technique judiciously as it can become repetitious and reminds adolescents of school. If the group needs to be drawn out or focused, then brainstorming is useful. Otherwise, leading a discussion using the process points under the specific activity may be more effective.

5) Using the group as a resource for itself - the leader should encourage interaction and exchange among the group members rather than between the leader and each group member. When people ask questions, particularly if the material has already been covered, the leader can turn the question back to the group and ask how they would respond.

It also helps to alternate high-activity exercises with information-giving and to utilize small group discussions to get more participation. Small group discussions allow for informality and spontaneity, but can still have an organization and a purpose. The main advantages are that everyone has a chance to take part; everyone is able to ask questions and to give feedback; and fewer people are overwhelmed by a "group" opinion. When breaking into smaller groups, the leader needs to mix the group members so they are not always with the same people or those people who they already know. Be sure that no one is left out.

GUIDELINES FOR OBSERVATION

People learn in different ways and at different rates. It is usually easier to observe an individual's mastery of concrete information as opposed to changes in values, attitudes or behavioral skills. The following guidelines are to help you evaluate the impact of this program on the group members.

1. Comfort in group

   To set the stage for an effective learning atmosphere, the first session needs to focus on the expectations of the group members for the program and to reduce the level of anxiety that may exist. There may be a certain amount of teasing, telling jokes, using street language, bragging and silence to test what the limits are and what the leaders are like.

2. Different styles of learning

   People learn in different ways. Some people are talkers, some are listeners and silent participants and some are anonymous contributors.

   a. Does the person appear to be more comfortable about voicing opinions and joining in group activities as the program progresses?
   b. Some people who are shy about voicing their opinions in their group may come up afterwards to ask questions or to make suggestions.
   c. Watch for increased discussion among the group members as well as between the group leader and the members.
   d. Some people who are quiet during group discussions may express themselves more openly during concrete group activities.

3. Interest in subject matter

   a. Do the group members ask questions or make comments that are related to the discussion at hand?
   b. Do the group members share examples from their own lives (sharing real feelings is a difficult thing for most people under most circumstances)?
   c. Be alert for hidden feelings and questions. An individual often disguises a question or a personal concern behind a statement.

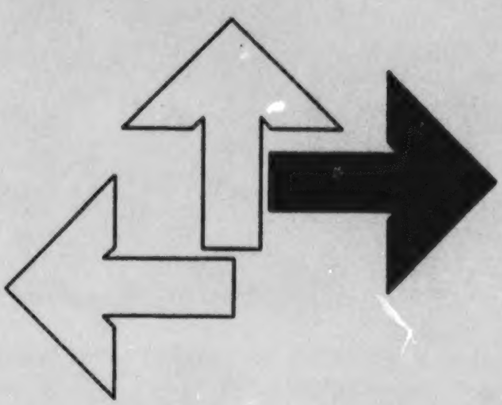
4. Awareness of self

   a. Non-verbal behavior (facial expressions, body movements, seating in group) offers important clues about participation, but may be misleading.
   b. Many adolescents have a great deal of mental or physical energy and become restless and distracted if confined to one activity for too long.

- c. Do the group members look bored, restless, withdrawn or questioning, attentive and energized? (Remember that many adolescents are not comfortable with direct eye contact and sometimes sit slightly outside the circle if they're feeling shy or excluded, but may still be listening.)
- d. Be aware of what is said, what is not being said and how something is said. (Sometimes refraining from saying something may be just as effective as commenting on everything.)

5. Awareness of others

- a. How do the group members react to different opinions and ways of looking at things? (Recognizing the difference between opinion and fact is a step towards respecting the views of others.)
- b. How supportive or hostile are group members to each other? Many people will criticize or put others down or put themselves down when they're unsure of themselves or uncomfortable in a group.
- c. Acknowledging another person's viewpoint - either through support or disagreement - is a step towards tolerating diverse viewpoints.
- d. Has a group member's behavior in the group changed suddenly - sometimes outside influences such as school, friends, parents, work, etc., may temporarily interfere with a person's ability to be open to learning.
- e. New ideas and ways of expressing oneself usually are absorbed slowly. New skills may not be demonstrated until a later time.



Chapter 4: Sex Education Program for Adolescents

Developing the Adolescent Model

In developing the curriculum for the adolescent model, several factors were considered:

1. What is meant by adolescent sexuality?
2. What learning approaches are most effective for adolescents?
3. What type of program would be appropriate for youth programs in diverse community agencies?
4. How should the curriculum be designed to be useful to non-experts in sex education?

In the following section, each of these issues will be discussed in greater detail as will the factors that were considered in the selection of the educational approach and philosophy. The actual design for the curriculum is presented as an appendix in this Chapter. Following the curriculum design are the rationale for why each activity was selected as well as specific suggestions for the group leader on how to present each activity.

Adolescent Sexuality

With increasingly alarming statistics on teenage pregnancy, VD and teenage parenthood, adolescent sexuality remains a controversial and somewhat misunderstood issue. Many people define adolescent sexuality as sexual intercourse and view it as a problem rather than an important, but individual, aspect of each adolescent's growth and development toward adulthood. Adolescents view their developing sexuality in a variety of ways depending on their up-bringing, their peer group, their sexual feelings and their interpersonal needs. Adolescents become interested in sex for many reasons:

1) it feels good;
2) curiosity or experimentation;
3) feeling close to someone else;
4) touching and being touched;
5) peer pressure;
6) feeling grown-up;
7) demonstrating affection or love for partner.

Many adolescents don't want to be sexually involved with another, but simply want to experience the feelings of closeness and caring that add to their feelings of security and acceptance during a critical developmental stage. Sorenson's national survey on adolescent sexuality indicated that to love and to be loved was a powerful motivation behind adolescents' sexual behavior and that one-to-one relationships were preferred to a variety of partners.[1]

Equally important are the adolescents who choose not to have sex. Although some 55% of adolescents have experienced intercourse by age 19, the remaining 45% have not.[2] Sexually active or not, all adolescents are experiencing changes in their bodies, their relationships and their sexual feelings, and are intrigued and concerned about what is normal and natural and how well their development fits with what is currently acceptable among their peers.

Although the need for factual information exists, too much emphasis is put on the "plumbing" of sex at the expense of dealing with sexuality in its totality and in relation to each person's needs and desired lifestyle. Elizabeth Canfield's comments are appropriate:

> "Quite a few school programs adequately cover subjects such as menstruation, reproduction and the functioning of various organs in what appears to be a relentless pursuit of the Fallopian tubes and seminal vesicles. However, they fail to create an atmosphere in which feelings, fears, relationships, standards and options may be explored. The school joins the home in depriving young people of a forum for value-clarification. Young people remain the victims of moralizing, instead of being encouraged to develop a personal morality."[3]

Attitudes Toward Premarital Sex

In an effort to discourage sexual experimentation among adolescents and to prevent the negative outcomes of sexual activity, parents and other adults overstress the negative consequences of sex and use guilt to hopefully control adolescents' sexual behavoir. Yet adolescents continue to have sex, and the numbers who risk unwanted pregnancies indicate that guilt is not an obstacle to their sexual activity, but to their taking responsibility for their sexual decisions. Sorenson's study also suggested that most adolescents do not think of sex as being inherently right or wrong, but instead judge sex in terms of the purpose for which it is used and the reaction of both partners to a sexual experience.

There is a conflict then between the prevailing attitude that having sex is okay if the person and the situation are right and the majority of adult viewpoints that all premarital sex is wrong. Behaviorally a large percentage of adolescents are following their peers' values, but are still heavily influenced by the moral principles of their upbringing. The effect of the discrepancy between their behavior and their moral upbringing is evident in the high percentage of sexually active adolescents who do not use any birth control and who are surprised by positive pregnancy test results.

Since using birth control consistently involves planning, preparation and admitting one's sexual activity, many adolescents find it more comfortable to bridge the values gap by being "swept away" or "overwhelmed" into "spontaneous" sex, thus avoiding the negative implication of "pre-meditated" sex. By not dealing consciously with the possible outcomes of their actions, they are able to remain acceptable both to their peers and, on some conceptual level, to their parents.

Decisions About Sex

Making responsible decisions about sexuality and accepting the consequences for one's sexual behavior are skills that require factual knowledge, understanding of one's own sexuality and practice in learning to make decisions and to determine personal values. Adolescents have difficulty making decisions because they lack experience weighing the pros and cons of a situation and choosing the alternative that is congruent with their own value system. They are in the process of establishing their identity and are faced with critical questions such as "Who am I? ", "What makes me different from other people?" and "What should I do with my life?" Part of that identity is dependent upon how others view them and how they fit with the values of their peers as they struggle to accommodate the often-conflicting value structures of family, friends and intimates.

In the area of sexuality, adolescents grapple with the following types of issues:

1) How do I know if or when I am ready for sex?
2) Is this the kind of person I want to be involved with?
3) What is important in starting a relationship?
4) How do I say "no" to another person without hurting his/her feelings?
5) How do other people act in close relationships?
6) How do you deal with anger, mistrust, rejection, loneliness?

As adolescents are facing increasingly adult decisions and value conflicts, they are searching for the communication skills, problem-solving techniques and decision-making tools to function effectively as a sexual, but more importantly, a human being.

Effective sex education needs to be based on a comprehensive view of sexuality and on an understanding of how adolescents learn, particularly their cognitive and moral levels of development and their preferred learning styles.

Adolescent Learning

Most adolescents today are faced with a bewildering number of choices and a lack of experience in making responsible decisions. Often unclear about their own beliefs, attitudes and values, they are uncertain how to choose their own course of action from the array of models and value systems. They are still in the process of developing the necessary cognitive and moral reasoning to handle moral dilemmas. Most adolescents still view moral conflicts in a concrete, immediate sense and have difficulty putting themselves in someone else's shoes or taking another's viewpoint. As they develop more abstract reasoning and the ability to weigh their actions against a possible set of consequences, they are increasingly able to consider their behavior in terms of its impact on others as well as the future impact on themselves. A clinical example of this is the older adolescent's (16-18) willingness to prevent unplanned pregnancies by using birth control more frequently and reliably than younger adolescents.

Piaget's Theory of Cognitive Development

The following section integrates a number of theoretical approaches to adolescent learning and moral development. Adolescence, in cognitive development theory, is marked by the acquisition of formal operational thought. Piaget (1932) describes formal operational thought as the stage of cognitive development in which the individual can think abstractly and consider the range of possibilities in the problem or situation at hand.[4] This mode of thinking is characterized by the ability to formulate hypotheses and to test them and to utilize cause and effect reasoning. Most younger adolescents and some older adolescents and adults operate in the concrete state of cognition that precedes abstract reasoning. Concrete thinking focuses on what does happen (concrete reality) vs. what may happen. Baizerman's comments delineate the difference between the two stages of thinking:

> "Risk taking is related to the idea of 'prediction' and to a probabilistic conception of the world. To understand the idea and experience the feeling that one is not fully in control of events external to oneself is to (begin to) understand as an adolescent and not as a child on these two levels the notions of risk, accident and experimentation. It is to understand and experience the notion that the future is problematic and may not happen the way one predicts."[5]

For those using concrete-stage reasoning, there is often a failure to differentiate between one's own thoughts and perceptions and those of others. The young person assumes that others are equally concerned with his pre-occupations. There is self-consciousness and a belief that no one else has ever experienced what he is experiencing. Piaget refers to the adolescent's belief in his own uniqueness and invulnerability as "adolescent egocentrism". The adolescent gradually recognizes and integrates the ideas and feelings of others as he encounters diverse viewpoints through increased social interactions with peers and the outside world.

Kohlberg's Theory of Moral Development

As with cognitive development, moral development evolves through a series of stages. Moral development is the result of an increasing ability to perceive objective reality, to organize and integrate experience and to form both finer discriminations and more comprehensive generalizations. This ability to reason abstractly is obviously important for more advanced stages of moral reasoning.

Kohlberg[6] proposed and tested a theory of moral development that was based on six stages of moral judgment and reasoning. The earliest stages of moral reasoning involve a punishment-obedience orientation where decisions are made to avoid punishment or to obtain rewards. Initially the child responds to specific, primary negative injunctions such as "don't hit your sister" or "don't touch the hot stove". The next stage includes the beginning notions of reciprocity but emphasizes what others can do for you - "You scratch my back and I'll scratch yours." The next two stages are group-oriented in which the individual tries to please others and to avoid criticism and subsequently to obey the law or authority. The final two stages are based on a social contract orientation and ultimately a universal ethical principle orientation.

The young child gradually learns general rules or norms of conduct that permit flexibility in social action and enable him to choose between conflicting injunctions and eventually learns cognitive strategies by which he is able to compare what he is doing with an ideal norm of behavior.

RELATIONSHIP BETWEEN COGNITIVE AND MORAL DEVELOPMENT

Adolescent theorists have postulated a relationship among Piaget's logical/cognitive stages, Kohlberg's stages of moral development and Erikson's stages of ego-identity.[7] According to Kohlberg, the main experiential determinants of moral development seem to be the amount and variety of social experience, the opportunity to take a number of roles and to encounter other perspectives. Social interactions with one's peers and with moral ideas and ideals slightly ahead of one's own conceptual development have been demonstrated to stimulate cognitive and moral development. Exposing the adolescent to choice situations involving moral dilemmas and engaging him in a discussion with peers in which different interpretations, disagreements and conflicts are freely expressed enables him to see aspects of a moral dilemma that may not have been accessible to him before. This increases his ability to incorporate other people's perspectives into his own and to appreciate the inner reality of others.

RELATIONSHIP BETWEEN COGNITIVE AND MORAL DEVELOPMENT AND DECISION-MAKING

Relating these concepts to the area of responsible decision-making in the area of sexuality, it is important for sex education programs for adolescents to include cognitive, affective and skills components. This multi-dimensional approach is best provided through experiential education that emphasizes how to make decisions, how to strengthen value systems and how to improve self-esteem.[8] Experiential education involves active-learning through a number of teaching techniques such as role playing, values clarification, small group exercises, story-telling, case studies as well as innovative approaches to presenting factual information.

In presenting basic factual information, it is useful to deal with the information in several domains - verbal, visual, auditory, tactile, experiential - to accommodate an individual adolescent's predominant mode of learning. When designing the sections for anatomy, reproductive and family planning information, the information was approached from several domains. For instance, information on male and female genitals and reproductive anatomy was presented through lecture; questions and answers; large diagrams; three-dimensional rubber models; a colorful story; and an activity that allows the adolescent participants to draw the anatomy based upon the information presented.

IMPACT OF MEDIA ON ADOLESCENT LEARNING

Because of the influence of TV, music and other forms of media on adolescents' attention span and learning preferences, it is both powerful and appealing to utilize those mediums as a framework for presenting information and/or discussing values issues. Because sex education is really education for living, there are many examples in the popular media - music, movies, TV, magazines, comics, radio - that relate to cultural messages about sexuality, male/female roles and relationships, body image, physical attractiveness, love and related topics. Designing learning activites around slide shows, music tapes, magazine ads, game and quiz shows, TV scripts, movies, "Dear Abby" questions and similar activities captures the adolescents' attention and involves them in the materials in an immediate "true-to-life", personal and non-threatening way. This approach also permits fuller participation by not focusing on one learning style. Therefore, non-readers, non-writers, highly verbal, somewhat quiet, high energy and passive types of participants can each involve themselves in their own manner and at their own pace. A multi-media approach also allows them to view learning as enjoyable and instructional, and hopefully to connect the information to their everyday lives.

Program Design

NEEDS ASSESSMENT

Based upon previous experience with adolescents at the clinic and in the community, the project staff knew that adolescents' major sexual concerns related to the emotional aspects of sex:

1) how to know when you're ready for sex;
2) how to make a decision about sex and feel okay about it;
3) how to say "no" and how to make relationships work.

They were also aware of the most common sexual myths and misinformation believed by many adolescents. Staff from the youth agencies were also concerned about the pros and cons of adolescent sexuality, peer pressures, male/female relationships, dating, preventing adolescent pregnancy and working with parents around their adolescent's sexuality.

It has been shown that the presentation of facts alone will not lead to behavioral change. Affective responses to sexual issues are as important as cognitive ones. Equally important is the ability to communicate one's personal values and standards concerning sexuality. The curriculum was then developed considering the input from adolescents, demonstration site staff and family planning staff.

PROGRAM GOALS

The overall goal of the model sex education program for adolescents was to enhance self-esteem and to increase the decision-making capacity that will enable adolescents to make responsible decisions about sex.

The primary purposes of the model were:

1) to give the participants a sufficient understanding of male and female sexual and reproductive anatomy and physiology to begin to make informed decisions about their sexual health issues;
2) to correct misinformation and to dispel fears and myths; and
3) to explore the barriers to responsible decision-making and communication about sexual issues.

EDUCATIONAL APPROACH

The model was based on the principle that learning is a process that requires the active involvement and participation of the learner. How the content is presented is just as important as the quality of the content. Because the peer group is an important influence in shaping values and attitudes during adolescence, the model utilized the group as an effective setting for the exploration of intra-personal and inter-personal behavior, feelings, attitudes and information related to human sexuality. Adolescents need to explore their values both with family and with peers.

EDUCATIONAL OBJECTIVES

The overall objectives as well as the specific behavioral objectives for the model were written in consideration of how adolescents learn. Adolescents who participated in the model had varying degrees of prior knowledge, experience and comfort with sex as well as a wide range of values and attitudes. Some were able to postulate solutions to complex relationship issues. Others were limited to identifying similarities and differences within certain issues.

The procedure used for stating educational objectives was based on a combination of the theory described in Bloom's Taxonomy of Educational Objectives - Cognitive and Affective Domain[9] and the developmental structure described by Gronlund in Stating Behavioral Objectives for Classroom Instruction.[10] Background for why the objectives were written at a relatively simple level is presented in these references.

Changes in attitude or behavior take place over time and may not occur until the person faces a situation which calls for the particular information and skills. Therefore, to expect that an adolescent would change his attitudes, values or beliefs during the model would be unrealistic and inconsistent with earning theory. Increasing self-awareness, developing critical self-assessment and clarifying one's own values are potential outcomes of the process in the model and would constitute a significant step towards the adolescent making informed choices and accepting the consequences of his sexual behavior.

TARGET AUDIENCE

The program was designed primarily for junior high school age adolescents, but can be and has been used effectively with very young adolescents and high school age adolescents. The overall goal and specific program objectives remain much the same regardless of the ages involved. The focus must be shifted somewhat to reflect the concerns and information appropriate to each age group. Very young adolescents, for example, are generally more preoccupied with body changes, body image, friendships and handling emotions, whereas young adolescents are interested in puberty, popularity, differences and similarities between males and females and normalcy in sexual development. Older adolescents want to deal more with relationships, male and female roles, the pros and cons of having sex and issues of love, trust and commitment. The curriculum is flexible enough to be adjusted to different mixes of ages, sex, ethnic background and other related factors within each group. In the curriculum plan, there are suggestions on what alterations and substitutions to make for different age groups.

TIME-FRAME

Because the program would have to fit into the schedule of activites within a community agency, it would have to be somewhat time-limited. Most of the youth agencies in the community offer a variety of recreation, counseling and social activities after school, in the evenings and on the weekends. Specific classes and educational programs are rarely scheduled for more than 4-6 weeks or more than once a week. Many adolescents have tight schedules with a variety of weekly commitments to school, sports, friends, family and other activities. Most of the agencies felt that a program that met once a week for a couple of hours over a period of 4-6 weeks would best accommodate the schedules of the adolescents.

Given an approximately 10-hour time frame, the curriculum was developed to deal with the most common sexual concerns of junior high and high school students. The program was not intended to be a comprehensive sex education program, but to provide basic sexual information and some decision-making skills and values clarification tools to facilitate adolescents taking responsibility for their own sexual decisions and behavior.

The curriculum is designed in 10 one-hour sessions that can be combined in a variety of time-frames. The advantages and disadvantages of different time combinations are discussed in the section on Demonstrating the Adolescent Model. In the curriculum plan, there are suggestions on what alterations and substitutions to make for different age groups.

GROUP LEADERS

The program was expressly designed to be delivered by non-experts in sex education. It is essential, however, that the group leaders relate well to adolescents and function effectively in a group setting. It is equally important for them to undergo training and orientation to utilize the curriculum effectively.

During the demonstration phase of the project, the youth leaders from the demonstration sites first observed experienced sex educators delivering the program and then participated in a 6-week training course designed to increase their comfort with sexuality and to develop their skills in delivering the program. They then consulted with the project staff in planning their programs and were observed by experienced project staff when delivering the program themselves. This cycle of observation, training and feedback was important for fully demonstrating the curriculum approach and for adequately preparing the youth leaders to function as sex education resources.

Leader's guides are provided for most of the informational parts of the curriculum and with some prior reading and practice, youth leaders can usually handle this information. Using an activity-based learning approach that focuses heavily on values clarification and decision-making skills may or may not be new for different youth leaders. If these concepts are new, orientation to these concepts is essential as the curriculum cannot be presented effectively in a didactic, question and answer format.

Most important is the leader's personal comfort with his/her own sexuality and acceptance of other people's sexual values. For most people, this personal comfort level takes time, exploration and feedback to develop. Even experienced sex educators are still in the process of learning about sexuality and clarifying their own views and developing an acceptance of themselves and others. It is very important that anyone leading a group in sex education be open to exploring these issues and has considered issues related to adolescent sexuality prior to leading a group.

Demonstrating the Adolescent Model

During the demonstration phase of the project, the following factors were considered:

1. How did the staff and adolescents react to the educational designs - were the approach and content on target and what changes needed to be made?
2. How did different types of groups respond to the material - what adjustments needed to be made for level of maturity and cognitive development?
3. How did this program fit with the demonstration site's philosophies and service approach with its adolescent clientele?
4. How realistic would it be for the demonstration site staff to be trained as a sex education resource?
5. What other types of staff, agency and community factors had an important influence on the program?

The educational model was specifically designed to be adaptable to different types of groups. When demonstrating the model, it was found that the program as equally effective with groups of adolescents that differed greatly in terms of age, sex, ethnic mix and community background. The experiential education approach worked well for all groups, even though the content, values and emphasis for specific activities differed among the groups.

In the next section some of the similarities and differences among the groups will be discussed and examples of the adolescents' responses to some of the activities within the program will be provided.

General Findings

The overall response of the demonstration site staff and adolescent participants to the program was extremely positive. Although there were a number of obstacles to initiating and implementing a sex education program at each site, once the adolescents started participating in the program, the program sold itself. Many adolescents were either scared, embarrassed or cynical about the need for sex education, and few attended out of an initial desire for personal growth or learning. Most participants came out of a personal loyalty to and trust in a particular demonstration site youth leader who encouraged, cajoled, bribed and promoted their adolescents' interest in the program. No amount of prior explanation adequately conveyed how the program would be approached. Adolescents and staff alike repeatedly said, "If I had known it was going to be like this, I'd have brought my friends" or "This isn't anything like school, this is about real-life stuff" and "The staff wasn't too sure about this but everybody here needs this." People's previous involvement with dry or moralistic approaches to sex education has resulted in continued misconceptions that discourage further participation in sex education programs.

At all of the demonstration sites, the adolescent participants brought more friends and siblings with them after the first session, and attendance throughout all sessions was excellent.

CURRICULUM FORMAT

The curriculum format proved to be very versatile with the program being equally well-received by all-female, all-male and mixed groups in white, racially-mixed and black groups in urban, suburban and small-town communities. Certain adjustments had to be made for differences in age, level of sophistication and familiarity of the adolescents with each other, although the topics, activities and approach used were just about the same for each demonstration site.

SIZE OF GROUP

The size of the group varied at each demonstration site. A group size of 10-15 adolescents seemed to work best. If there were fewer than 8 participants, group discussions tended to be labored, and some participants felt spotlighted. Also, the range of values and viewpoints was somewhat limited. More than 15 participants made it difficult for everyone to have the opportunity to share and to be heard and demanded much more time for "maintenance and order" tasks.

TIME FRAME

The time frame for presenting the program at each site was dependent on how that agency usually scheduled its activities. The 10-hour program was presented in 1 1/2-hour, 2-hour, 2 1/2-hour and 5-hour segments at the different demonstration sites. Because these agencies offer voluntary, after-school programs for adolescents, it is essential to plan on sufficient warm-up, physical activity and wrap-up time. There are no bells, timetables or class periods in these non-school community settings. Most of the staff and adolescents are used to an informal atmosphere where people float in-and-out and only stay for those parts which interest them. It took some adjusting on the part of the project team and the demonstration site participants to balance the need for on-going participation in the group activities with their usual practice of spontaneous, sporadic involvment.

LENGTH OF TIME - SHORTER VS. LONGER TIME SEGMENTS

According to the adolescents, the project leaders and the youth leaders, the 1 1/2 and 2-hour time segments seemed to work best for the fullest participation and attention span. Shorter time segments would work if scheduled 2-3 times per week; otherwise, too much time would be needed to re-establish the group climate and trust. The 5-hour time segments seemed to be more effective if the adolescent participants already knew each other. If the participants are strangers, it takes a while to build trust and group feeling, and most don't feel comfortable expressing their views until the second day. It is also difficult for the adolescents to absorb the factual information when there isn't more space between learning activities. Group discussions work out well because there is more time to build on themes and issues that have just been brought up. One of the demonstration sites preferred the 5-hour segments because they felt their adolescents could not attend a program scheduled over several weeks. Once the adolescents participated in the program, almost all of them would have been willing to attend additional sessions.

AGE OF PARTICIPANTS

Age differences did require some adjustment of content and approach. Younger adolescents (ages 11-13) were very interested in concrete, nitty-gritty information and were more focused on the many changes that were happening to their bodies. The leaders felt that the program should start out with more concrete information such as male and female anatomy and vocabulary exercises and then build to decision-making exercises. It is hard for the younger adolescents to make a connection between decision-making and the facts of life until they are older or face those decisions. They were interested, however, in the decision-making exercises and could relate the points to issues in their everyday lives.

Older adolescents were more interested in problems relating to the opposite sex, although many of the participants were not sexually active. They had not only been exposed to a variety of sexual issues from media, friends and family but had faced difficult decisions about sex within their own lives. Although also interested in specific information on sexual health, they had many concerns about the emotional and interpersonal aspects of sexuality.

MIXED GROUPS VS. MALES OR FEMALES ONLY

In addition to age differences, the sex composition of the group and the type of adolescents within the group had some impact on their reactions to certain content in the program. With a mixture of male and female participants, there was increased embarrassment about anatomy, body changes and sexual vocabulary. At one demonstration site, the group felt that "nice" girls shouldn't know about male anatomy or know or use slang words or street language for body parts or processes, whereas it was "cool" for guys to do so. The group felt that only "loose" women or prostitutes were sexually knowledgeable. Yet it was positive for both the males and females to see that the opposite sex was interested in learning about their bodies and sexuality as well as their own.

Mixed groups also allowed for much richer discussions of dating and relationship issues and allowed for each sex to check out their assumptions and expectations with each other. A particularly popular and effective exercise was "What Do Teen Men Like in Teen Women?" and "What Do Teen Women Like in Teen Men?" The adolescents were particularly interested in the films and discussions on dating, relationships and sex and identified with the problems facing the adolescents in the films. The primary issues seemed to be how to know when you're ready for sex; how to say no without hurting someone; how to deal with the double standard; and how to tell someone your real feelings without appearing foolish or risking being hurt or rejected.

Demonstrating the Model with Younger Adolescents

ACTIVE PARTICIPATION

Within this age group, the activities that were the most successful involved active participation by the group members or the demonstration of specific information by the leaders. The 2-hour sessions were OK, but it took a substantial amount of time to get the group settled down. Talking, teasing, carrying-on and other discipline issues came up rather frequently (who could sit by whom, distractions from outside, comings and goings). These problems might have been lessened if the staff observers and the project leaders had taken a more directive role.

GROUP DYNAMICS

It also helps to have some idea ahead of time of who the natural leaders are among the adolescents and who has reading or writing problems or other obstacles that might affect their learning or participation in the group. The leaders can then structure the activities or unobtrusively monitor the group interactions to accommodate these factors. The leaders must be especially careful not to let group members laugh at or make fun of others in the group. This groundrule needs to be reinforced and role modeled by the leader. Despite the extra degree of energy and direction required of the leader, this age group is extremely open to learning and offers the opportunity for preventive versus crisis-oriented sex education.

APPROPRIATENESS OF EDUCATIONAL CONTENT AND APPROACH

As far as the model and content went, the materials seemed very appropriate except for some of the dating films and sexual relationship issues. Films and extended discussions on puberty were effectively substituted. Most of the participants appeared to have a lack of experience discussing their feelings or comparing their values to those of their peers. In group discussions, it was important to remember the developmental level of this age group and not to expect an adult level of abstraction and moral reasoning. Examples need to be close to their everyday experiences. Episodes from TV or school seem most real to this age group.

Group discussions need to be very concrete and focused - i.e., likes and dislikes, things to change, fantasies or wishes for themselves and about others, how's and why's of things. The case studies and "Dear Abby" situations were effective in helping them to put themselves in someone else's shoes as long as the examples were real to them. Issues around friendships, being included or left out, honesty, popularity and conflicts with siblings were effective. If a hypothetical moral dilemma were beyond their experience, they were either confused or left the decision to their parents, usually their mother.

LEVEL OF CONCEPTUALIZATION

As an illustration of this group's level of conceptualization, some of their responses to specific exercises are included. The group's descriptions of their "ideal" male and female indicate that they focus most on tangible physical attributes and attractiveness rather than specific personality characteristics or favored qualities about a person.

It is interesting to compare these younger adolescents' responses with those of somewhat older male and female adolescents from another demonstration site. These adolescents also emphasized physical attributes, but they were far more specific about other qualities that were important to them. These older adolescents could also appreciate the role of being male or female and could compare and contrast these roles.

YOUNGER ADOLESCENTS

IDEAL MALE	IDEAL FEMALE
muscles	good shape
good body	good breast line
good face	36-24-36
long hair	good personality
short hair	good kisser
tall	good frencher
not fat	small feet
good dancer	rosy cheeks
good personality	good dancer
a good tan	not big lips
blue eyes	not fat
black hair	not short
about 5'2"	pretty hair

OLDER ADOLESCENTS

IDEAL MALE	IDEAL FEMALE
cute	cute
nice teeth	nice body
understanding	gentle
caring	good teeth
rich	talented
nice body	caring
athletic	understanding
good personality	long hair
kind, considerate	athletic
smart	pretty
good in sports in general	tall
	considerate
sexy	rich
good smile	intelligent
strong	listens
gentle	good personality
outgoing	short
good taste	popular
manners	quiet
	good smile
	sexy

CONCEPTS OF LOVE

Most of these adolescents were very interested in "how things work", but were not ready to consider the emotional apsects of sexuality and relationships. Their concepts of love also tended to focus on the feeling as a category rather than a personal need or part of a relationship. As their examples show, love is represented by a particular person or situation more than a dynamic between two people:

WHAT IS LOVE?

"Making sex."
"A sharing between a man and a woman."
"Being together."
"Love all people."
"To like someone a lot."
"Love is caring and helping someone you care about. Love is also some types of sex."
"To love is to love with all your heart, helping an animal in trouble, to have sex!!"
"Having a family - seeing someone you haven't seen in a long time. Getting married. Having a baby. When you're making a baby. Loving your family. Having a friend. Having a boyfriend."
"Leif Garrett, Shaun Cassidy, Andy Gibb"
"Love is a nice thing. When you have an animal or a special person."
"Love all people. To like someone a lot. To kiss someone you care for."
"Liking a guy a whole lot. Caring for someone. Having a guy. Having strong feelings for someone. Having a special feeling for someone. Having sexual relations with a guy. Scott Baio, Jan-Michael Vincent, Lance Kerwin."

COMMON QUESTIONS AND CONCERNS

Athough none of the younger adolescents appeared to be sexually active, they were extremely curious about the "why" and "how" of sexual functioning. There was considerable giggling, "bathroom" jokes and embarrassment during the activities on vocabulary, male and female genitals and body image. Once the leaders reassured the adolescents that it was sometimes difficult to talk about sexual information with your peers, the girls had many questions, particularly after the leaders described male and female reproductive anatomy using realistic rubber models.

Examples of their questions included:

1. Can urine come out with sperm?
2. How do people get Siamese twins?
3. How come men are circumsized?
4. Are a fat woman's ovaries bigger?
5. If the uterus is so small, how can you have so much blood?

There were also a number of questions on male and female genitals; size of genitals and normal rates of development. Menstrual periods were of particullar concern as some of the girls had not started menstruating yet.

These questions were particularly interesting since most of the group members had already had a sex education class in 5th-6th grades and at first said that they already knew all about male and female anatomy. Although there was much laughing and comments like "gross" and "yucky" during these discussions, the group members were literally pressed around the group leader and intently involved. Giving them permission to look at the models themselves seemed to bring a sense of relief at seeing the "real thing" and led to many questions and to clarifying misinformation.

During the section on birth control, they had many more questions on pregnancy, childbirth, birth control methods and personal hygiene products. It was very obvious that they were eager to have correct information about these areas. They knew that people "do it", but couldn't imagine why anyone would voluntarily have sex. They did have questions about masturbation after hearing the topic mentioned in the film on puberty. During the sexuality and health myths game, some of the group members shared personal experiences of seeing exhibitionists or reading about sexual issues in the newspaper. They also had questions about various types of sexual behavior, e.g., "What is gay?", "What is queer?", "What about people who change sexes?"

It was apparent that these younger adolescents had been exposed to comments, stories and media about many aspects of sexuality, but did not have enough information or a clear enough understanding to develop a healthy perspective. It was particularly important that the leader be comfortable with the information on the myth cards and could handle the variety of questions that came up without seeming to advocate specific sexual behaviors or values.

Demonstrating the Model with Older Adolescents

It was obvious from observing the adolescents who participated in this program that the level of sexual awareness and types of sexual feelings varied tremendously even among same-aged adolescents as did their interest in or readiness for male-female relationships or emotional intimacy.

INFLUENCE OF PEER PRESSURE

There is very little honest discussion among adolescents and their friends about the deeper or more complex aspects of sex and relationships. Peer pressure -- "doing what's expected", double standards and conflicting feelings about sex -- all influence the adolescent's feelings about having sex. There's little peer support for saying "no" to sex, yet there's insufficient internal validation for saying "yes". There are very few role models for handling sexual feelings, needs for closeness and touch and desires for affection within an intimate relationship without labeling those feelings and needs as love and exposing what is often an initial attraction or curiosity about another person to the full-blown expectations of a love relationship.

Adolescents and adults alike shy away from discussing alternative ways of handling these needs. Although alternatives to intercourse are suggested to reduce the problems of adolescent pregnancy, topics such as masturbation remain private and uncomfortable for many people. Most of the adolescents seemed to have a fairly accurate idea of their personal readiness in this area, but often did not have a strong enough identity yet to feel comfortable about their position on this continuum and were vulnerable to peer examples and expectations.

PERSONAL VALUES AND RISK-TAKING

Appreciating one's personal values and recognizing them as separate from those of others was also an emerging concept for many of the adolescents. Their responses to the values clarification exercises indicated that they fluctuated between: 1) a moral reasoning position that says, "If you're stupid enough to get into trouble, then you should have to suffer" and 2) analyzing possible consequences ahead of time and examining the person's motivations behind their choices. For many risk-taking was OK if you don't get caught, which helps to explain why many adolescents have sex without using birth control and why they in general disapprove of abortion or adoption if a pregnancy does occur. They need guidance in thinking about the factors that influence people to take risks and practice in weighing the costs and benefits of particular choices. Because there is little opportunity to practice moral reasoning about sex, many adolescents are inexperienced and awkward about resolving differences of personal values and opinions regarding sex.

During role-plays about the pros and cons of sex the adolescents as a group gave thoughtful and articulate advice to their peers, but had great difficulty communicating one-to-one as a male and female in that situation.

THE INFLUENCE OF SELF-ESTEEM

Differences in self-concept, self-esteem and overall perspective on the world were also reflected in the adolescents' responses to certain exercises at different demonstration sites. Many of the adolescents at one demonstration site were on restriction at home, had run away, were on probation or were in trouble at school. Their concepts of the "ideal" male and female and the advantages and disadvantages connected to each role focused heavily on negatives or what a person shouldn't be:

- "not two-faced"
- "don't be junky"
- "not stuck-up or conceited"
- "doesn't mess around"
- "don't be sarcastic"
- "doesn't get mad for stupid reasons"
- "doesn't throw herself at guys"
- "doesn't act like a guy"

Many of their positives related to how stylish or attractive someone was or how much money, class or status someone had. They were concerned, too, with not being taken advantage of or being made to look foolish.

ENVIRONMENTAL INFLUENCES

The adolescents at another demonstration site lived in a low-income, inner-city neighborhood and were constantly exposed to male and female prostitution, pimping, drug pushers and violence. Their responses reflected awareness of these issues as evidenced in their lists for the advantages and disadvantages of being male and female:

ADVANTAGES OF BEING FEMALE	DISADVANTAGES OF BEING FEMALE
help to make a baby	get raped more often
can get money easier	harder to get a job
paid more attention to	sometimes men are cruel to women
more sensitive	pushed around more
more intuitive	less opportunities
can be "middle-of-the-road"	"female" problems
develop quicker	sex symbol
many different clothes	have children
better dancers	

ADVANTAGES OF BEING MALE	DISADVANTAGES OF BEING MALE
athletically built	violence
more chance to get a job	alimony
better advancements	don't develop as fast
sports	no children
courage	pay child support
no children	tendency to a closed mind
no periods	have to be macho
no birth control pills	
help to make a baby	
better dancers	

The staff at this demonstration site were particularly concerned about the strong influence of "Super-Fly" type images and the lack of positive role models. They particularly liked the activities that dealt with images and roles, and there was considerable group discussions around the pressures to be "cool". The staff felt that there needed to be even more movies and visual materials that presented alternative routes to their adolescents to counter-balance the influence of the pimp, dope dealer and fence within the local community.

These adolescents were much more future-oriented than some of the other teens and were interested in saving and investing for the future and in selecting partners who have some goals in life. Although the staff was initially skeptical about the relevancy of the program for their adolescents, they became very excited about incorporating both the content, values clarification and decision-making approach into other programs within their agency.

Role of Demonstration Site Staff

NEED FOR ROLE MODELS

The attitudes of the demonstration site staff had a strong impact on the success of the program at each demonstration site. Because the adolescents' initial willingness to participate in the program was due to their comfort with and loyalty to their regular group leaders, the staff observers were an important link between the project staff and the adolescent participants. It was extremely important for the staff observers to set an example in terms of their attendance, punctuality, attention span, participation, discipline and enthusiasm. In the instances where they drifted in and out, took phone calls or were otherwise distracted, they tended to have a disruptive influence on the adolescents.

NEED FOR COMMITMENT

For the most part, the staff observers greatly facilitated the program by actively participating in each session and by offering feedback and constructive suggestions to the project staff. Although the staff were philosophically committed to offering the program to their adolescents, they tended to underestimate the need for planning and organization to ensure a well-run sex education program. The project leaders had to work closely with the staff observers to carve out a niche for the program in terms of space, noise, time and competing interests and programs.

NEED FOR STRUCTURE

Many of the adolescents were used to very loose, informal activities where people drifted in and out, participated sporadically or depended on the adult leader to direct the entire activity with minimum input on their part. Because the program was activity-oriented and based on peer interactions, it was important to minimize disruptions and to build group trust. Since the program is also geared toward the adolescents taking responsibility for their own level of participation and learning, all those involved -- adolescents, staff observers and project leaders -- needed to adjust to one another and to know that freedom and limits are not mutually exclusive concepts.

NEGATIVE INFLUENCES

At one demonstration site other factors undermined the implementation of the program and eventually led to the disbanding of that agency as a demonstration site. There was inadequate and misleading communication to the demonstration site staff from their management who were located elsewhere. The staff did not understand or appreciate their role in the commitment needed to observing and replicating the program. Staff insecurities, untimely vacations, staff firings, threatened closing of the center and conflicting scheduling all led to overwhelming distractions for the program.

The group members were extremely loyal to the youth leaders at the center and were very upset by the chaos and confusion at the center. The participation of the demonstration site staff promoted active participation by the adolescents in the program. When the staff were distracted and showed up or participated sporadically, this had a negative impact on the group members' participation. After many re-starts, re-schedules and other obstacles beyond their control, the project staff presented the entire adolescent program. Even through all the disruptions, the group members continued to come to the program and to enjoy it. Because the center's management could not ensure that the center would remain open, their participation as a demonstration site was terminated. Even after the project staff's relationship with the center was terminated, the adolescents continued to ask for the program to be offered again. It was felt that the program would have been more effective if the center's organizational problems had been resolved.

CHAPTER 4

REFERENCE NOTES

1. Sorenson, Robert C., Adolescent Sexuality in Contemporary America, World Publishing, New York, 1973.

2. Zelnik, Melvin and John Kantner, "Sexual and Contraceptive Experiences of Young Unmarried Women in the United States, 1976 and 1971"; Family Planning Perspectives, 1977, Volume 8, Number 2.

3 Canfield, Elizabeth, "Am I Normal?", The Humanist, March/April 1978.

4. Piaget, Jean, The Moral Judgment of the Child, translated by Marjorie Worden, Harcourt, Brace and World, Inc., New York, 1932.

5. Baizerman, Michael, "Can the First Pregnancy of a Young Adolescent Be Prevented? A Question Which Must Be Answered", Journal of Youth and Adolescence, Volume 6, Number 4, 1977.

6. Muuss, Rolf M., "Kohlberg's Cognitive - Development Approach to Adolescent Morality", Adolescence, Volume 11, 1976.

7. Erikson, Erik H., Childhood and Society, W.W. Norton and Co., Inc., New York, 1950.

8. Mellott, Roger, "Adolescent Sexuality: An Attitudinal Dilemma", Rocky Mountain Planned Parenthood, 1977.

9. Bloom, Benjamin S. et al., Taxonomy of Educational Objectives: Handbook 1 - Cognitive Domain and Handbook 2 - Affective Domain, David McKay and Co., Inc., New York, 1971 and 1972.

10. Gronlund, Norman E., Stating Behavioral Objectives for Classroom Instruction, MacMillan and Co., London, 1970.

Curriculum for the Adolescent Program

The curriculum for the adolescent program was designed in ten one-hour segments that can be combined for longer time frames. The sequence of the sessions should be followed as much as possible since some activities build on previous ones. Many of the sessions could be extended if the group wants to explore a particular topic in greater depth.

The curriculum is presented in a ready-to-use format for the group leader. It is assumed that this curriculum will serve only as a base and that the needs and interests of each group will require adjustments. Each session's activities are divided into three parts: 1) objectives, 2) procedures and 3) process points. The objectives state the overall purpose for the activity. The procedure explains step-by-step how to present the particular activity. The process points are guidelines for discussing the activity. The group may spontaneously cover most of the process points or questions. In that case, it is not necessary to formally cover those points. The approximate time and materials needed for each activity are listed in the far left and far right columns of the curriculum format.

A fuller discussion of why specific activities were selected and suggestions for group leaders when presenting each activity are presented immediately following the curriculum design in this chapter. These session-by-session tips are based upon our experiences demonstrating this curriculum. Included are suggestions for alterations or substitutions in the curriculum that would be more appropriate for particular types of groups.

Educational aids and multi-media materials used in the curriculum are discussed in Chapter 5 immediately following this chapter. Leader's guides to presenting the factual information, detailed instructions for specific games and activities and cost and purchasing information for the films and models are included in that chapter. There are also guidelines for developing a resource and referral booklet for adolescent services in your community and an example of a format that can be used for the booklet.

MODEL SEX EDUCATION PROGRAM FOR ADOLESCENTS

Unit Concept:

To enhance self-esteem and increase the decision-making capacity that will enable teens to accept the consequences of their sexual behavior.

Objectives:

1. Understands basic reproductive anatomy and physiology.
    a. Identifies five major changes that occur in the body during pregnancy.
    b. Identifies basic parts of male and female reproductive anatomy.
    c. Recognizes the definition of basic processes.
    d. Arranges the events that lead to pregnancy in proper order.

2. Understands basic sexual functioning.
    a. Identifies common sexual myths.
    b. Identifies alternatives to intercourse.
    c. Discusses the range of human sexual behavior.

3. Understands the health consequences of sexual intercourse.
    a. Identifies where birth control methods are available.
    b. Identifies where pregnancy tests are available.
    c. Identifies options available if pregnant.
    d. Identifies where VD testing and treatment are available.

4. Understands the relationship between having sex, using birth control, getting pregnant and being a parent.
    a. Identifies the pros and cons of each event.
    b. Identifies the consistencies and inconsistencies among the pros and cons around all four events.
    c. Identifies the alternatives available in given situations.

5. Understands the similarities and differences in male and female roles.
    a. Identifies the effects of role stereotypes on male-female relationships.
    b. Defines the range of behavior within male and female roles.
    c. Identifies impact of peer pressure on behavior.

6. Understands the variations in and feelings about the human body.
    a. Identifies likes and dislikes about own body.
    b. Describes the "ideal" male and female bodies.
    c. Discusses the impact of media on body image.

7. Understands the range of human relationships.
    a. Identifies different types of relationships.
    b. Discusses similarities and differences in each type of relationship.

MODEL SEX EDUCATION PROGRAM FOR ADOLESCENTS (cont'd.)

   c. Discusses the relationship problems in a given situation.
   d. Identifies the alternative ways of handling this situation.

8. Understands the components of decision-making.
   a. Identifies alternatives available in a given situation.
   b. Describes the potential consequences of each alternative.
   c. Chooses an alternative after considering the consequences of each alternative.
   d. Considers impact of choice on self and others.
   e. Describes the action necessary to implement choice.
   f. Re-evaluates choice in light of new information.

9. Understands the role of self-esteem in respecting one's choices.
   a. Identifies personal attitudes and feelings.
   b. Recognizes similarity and differences between personal value system and that of others.
   c. Discusses positive qualities of self and others.
   d. Practices cooperation in group activities.

TIME	ACTIVITY	MATERIALS
	SESSION 1 - Personal Values and Choices	
10 minutes	Introduction Overview of Model Climate Setting - everyone is free to say anything or ask any question; no one has to say anything or answer a question; that which is talked about in the group may not be discussed outside the group to insure confidentiality.	
15 minutes	People Hunt or Guess Who Exercise or can substitute Expanded Name Tags Exercise Objectives: 1. To create sense of group. 2. To establish comfort level. 3. To introduce group members to each other. Procedure: 1. Leader hands out 3X5 index cards and pens to all participants. 2. Leader instructs participants to write down something about themselves that other people wouldn't know just by looking at them. It should be something that isn't a secret and that would be okay for someone else to know. For example, a talent, something they've done in their life, an interest. Do not write name on card. 3. Leader collects cards, shuffles cards and gives a card to each person. 4. Leader gives the following instructions: "We're going to give each of you a card with a statement on it. We'd like you to go around the room, introducing yourself to other people, and see if they are the person who's card you have. When you've found that person, give him/her their card. You can either sit down and wait for the others or you can hook up with that person and help him/her find the person who matches his/her card." 5. Once everyone has matched the card to the person, leader reconvenes large	3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS

group. Leader then goes around group and asks everyone to read their card.

Process points:

1. How did it feel to introduce yourself and to talk with people you didn't know?
2. How did you decide what to put down on your card?
3. Were you surprised by any of the statements?

15 minutes

Forced Choice Exercises

Objectives:

1. To experience choosing in an either-or situation.
2. To recognize that different people can make the same choice for different reasons.

Procedure:

1. Leader asks participants to stand so that there is a wide path from one side of the room to the other.
2. Leader then asks an either-or question like: "Would you rather be a Volkswagen or a Cadillac?"
3. Leader indicates by pointing that those who identify more with Volkswagens are to go to one side of the room and those who identify more with Cadillacs are to go to the other.
4. Leader then asks participants on each side to share some of the reasons for their choice. If anyone is standing alone or just with a few people, ask how it feels to be in the minority.
5. Everyone returns to center of room. Then the leader gives another either-or forced choice.

TIME	ACTIVITY	MATERIALS

Questions:

1. Would you rather:
   - a) Have your mother buy all of your clothes at any time, but only ones she likes, or
   - b) Get a clothing allowance of half as much, but you have approval of choices?
2. Would you rather:
   - a) Have to be home by 9:00 P.M. on Friday nights and 11:00 P.M. on Saturday nights, or
   - b) Have to be home by 10:00 P.M. on both Friday and Saturday nights?
3. If you are doing this exercise with older teenagers, here are some other examples of forced-choice items:
   - a) hammer/nail
   - b) live alone all your life/live in a commune
   - c) choose a life partner at 18/remain single for life
   - d) all teenagers have sex/no teenagers have sex
   - e) have an unwanted child/have a dangerous abortion
   - f) be a parent at 16/no children at all.

Process points:

1. What kinds of things did you consider when making your choice?
2. How does it feel to have only two choices? Point out that sometimes people are faced with two very difficult choices and may not feel that they have any in-between alternatives.
3. Emphasize that different people may make the same choice for different reasons.

TIME	ACTIVITY	MATERIALS
10 minutes	Rank Order Exercise Objectives: 1. To identify relative values about a choice. 2. To practice choosing among alternatives and to explain or defend own choices. Procedure: 1. Leader explains to group that he/she is going to ask them some questions which will require them to look deeper into themselves and make a value judgment. 2. Leader lists choices on butcher paper first. 3. Leader gives participants three alternative choices for responding to each question and asks them to rank order these choices according to their own preferences, ("1"=most preferable, "3"=least preferable), and to list their answers on 3X5 cards. 4. Leader reads each question and asks, "How many chose this one as their first choice?" Leader tallys first and last choices and marks totals on butcher paper. 5. Leader asks for volunteers to share reasons for rankings. 6. Large group discussion of reasons for their choices. Questions: 1. Would you rather have? ______ a terrific-looking body, but rotten at sports ______ a terrible body, but a great dancer ______ a terrible body, but everyone likes you	Butcher paper Felt pens Tape 3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS
	2. If someone were beating up your best friend at school, would you? _______ tell the principal _______ get out of there as fast as you can _______ stand and watch Process points: 1. Emphasize that everyday we must make choices between competing alternatives, and sometimes we must choose among alternatives that we don't like. 2. What alternatives would you have liked to add to those questions? 3. Point out that many issues require more thoughtful consideration than we tend to give them.	
15 minutes	The "$50" Decision Exercise or can substitute Decision-Making Exercise from Parent-Teen curriculum Objectives: 1. To focus on the process of making decisions. 2. To identify alternatives available in a given situation. Procedure: 1. Leader gives each participant a 3X5 card and $50 (play money) and asks them how they would spent it. 2. Leader has group members write their decision on 3X5 cards. 3. Leader goes around room and asks each person to read their choices. 4. Leader lists amounts spent and categories of items on butcher paper. 5. Large group discussion of similarities and differences among choices.	Play money Butcher paper 3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS
	Process points: 1. How did you decide how to spend your money? 2. Who or what influenced your decision the most? 3. How did your decision about spending your money compare to others in the group? 4. Emphasize that your choices usually reflect your values - i.e., a saver, a spend-thrift, a dutch-uncle. Did you allow yourself to spend all the money on yourself?	

TIME	ACTIVITY	MATERIALS
	SESSION 2 - Body Image and Male-Female " "Ideals"	
5 minutes	Warm-Up - Proud Whips Objectives: 1. To re-establish group climate. 2. To recognize the positive qualities within self and others. Procedure: 1. Leader whips around group and asks each participant to respond with a brief one-liner to the following statement: "I like myself best when I ...". 2. Anyone may pass.	
20 minutes	Media Flash - Demonstration/Discussion Objectives: 1. To assess the impact of media on our attitudes toward body image. 2. To identify the pressures to conform to media images. Procedure: 1. Leader introduces slide-tape show: "The pictures you are about to see were selected from popular magazines and record albums. Please look closely at the men and women in these pictures and notice how they look; how they dress; their hair-styles and make-up; their facial expressions; body poses and anything else about their appearance. While you're watching the slides and listening to the music, keep track of what makes these particular men and women popular and well-known and how closely do they fit the idea of the 'ideal' male or female?"	Slides Slide projector Tape-recording of music Tape-recorder

TIME	ACTIVITY	MATERIALS
	2. Leader flashes slides of male and female images from the media while playing a tape of words and phrases that describe males and females from popular songs. 3. Group discusses the images portrayed in audio/visual media. Process points: 1. What images are presented? 2. How would you describe the males and females portrayed in these materials? 3. What do you like and dislike about these images? 4. What images are present in other forms of media, films, T.V., etc.? 5. What are your favorite T.V. shows? What kind of male and female images are presented on these shows? 6. How has media impacted the "ideal" male and female images in your own community? 7. What is the impact of peer pressure?	
15 minutes	"Ideal" Male and Female - Brainstorm/Discussion Objectives: 1. To identify characteristics of the male and female role stereotypes that are common in the local community. 2. To recognize that ideals are not always achievable. Procedure: 1. Leader asks participants to describe the "ideal" male and the "ideal" female. 2. Leader asks for volunteer to list the responses on butcher paper. 3. Discuss responses in large group.	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	Process points: 1. How were the qualities similar or different for males and females? 2. How do people decide what's "ideal"? What influences their decision? 3. Emphasize that most of us do not look like the "ideal" image, yet put ourselves down for not looking that way.	
20 minutes	Body Image - exercise Objectives: 1. To identify likes and dislikes about own body. 2. To recognize variations in body types. 3. To recognize how different people perceive their bodies. 4. To identify how outside influences affect how one values and accepts one's body. Procedure: 1. Leader passes out "Body Image Checklist" and asks each participant to check two things they like best about their body and two things they like least. 2. Leader collects checklists and asks for a volunteer to list the responses on butcher paper. 3. Group discusses responses. Process points: 1. Were you surprised by any of the responses? 2. Were there any differences between the likes and dislikes of males and females? If so, what? 3. Are there different standards of physical attractiveness for males and females? 4. Point out that certain things about our bodies are inherited from our	Body Image Checklist Pens Butcher paper Felt Pens Tape

TIME	ACTIVITY	MATERIALS
	families and can't be changed - i.e., height, bone size, eye color, size of feet and hands, etc.	

PLEASE CHECK:

Female: ____
Male: ____
Adolescent: ____
Parent/
Adult: ____

BODY IMAGE CHECKLIST

Please check *two* things you like and *two* things you do not like about your body.

Part of Body	Like	Don't Like
Hair	____	____
Eyes	____	____
Nose	____	____
Mouth	____	____
Teeth	____	____
Voice	____	____
Shoulders	____	____
Arms	____	____
Hands	____	____
Feet	____	____
Waist	____	____
Buttocks	____	____
Hips	____	____
Legs	____	____
Height	____	____
Weight	____	____
Chest/Breasts	____	____
Size of sex organs	____	____
Appearance of sex organs	____	____

Other____

____

TIME	ACTIVITY	MATERIALS
20 minutes	**SESSION 3 - The Effect of Male/Female Roles on Our Behavior** **What Do Teen Women Like in Teen Men/What Do Teen Men Like in Teen Women?** Objectives: 1. To identify personal attitudes towards male and female sex roles. 2. To discuss similarities and differences between male and female perceptions of relationships with the opposite sex. Procedure: 1. Leader divides group into two smaller groups (if mixed group, divide into males and females). 2. Leader gives male group two large pieces of butcher paper. One is titled, "What Do Guys Like in a Girl?" and the other is "What Do You Think Girls Like in a Guy?" Leader gives female group two large pieces of butcher paper. One is titled, "What Do Girls Like in a Guy?" and the other is "What Do You Think Guys Like in a Girl?" 3. Asks each group to think up as many qualities, characteristics or preferences as possible under each heading. 4. Small group puts lists of qualities on butcher paper. 5. Compare and contrast the four lists in the larger group with each small group asking the other for clarification on any items they don't understand. Process points: 1. How similar were the descriptions for males and females? How close did each group's predictions fit the actual lists? 2. Which of the qualities could you take from the female list and put on the male list? And the reverse? 3. Which ones couldn't you change? Which of the qualities have to stay on each list?	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	4. Point out similarities and differences in peoples' views about males and females within the group. 5. How do you usually figure out what the guy/girl expects from you? 6. What would help men and women be more straightforward about what they would like from each other?	
30 minutes	Film - "Are We Still Going to the Movies?" - film/discussion Objectives: 1. To provide an example of male-female interaction in an intimate relationship. 2. To discuss the effects of role stereotypes on male-female relationships. 3. To identify the effect of peer pressure on behavior. Procedure: 1. Leader instructs group that they will be seeing a film that shows a situation that may be very similar or different from what they have directly or indirectly experienced. 2. Participants are asked to pay attention to the male-female relationship in the film and to pay particular attention to the person of their own sex in the film. 3. Leader shows film and then group discusses their responses to the film. Process points: 1. How did you like the film? What specifically? 2. What did you think of the couple's relationship in this film? 3. How could each of them be clearer about what they want from the other person? 4. What got in the way of their enjoying the picnic as they had originally planned? 5. How would the script go if the roles were reversed: this time the young woman initiates sex and the young man has misgivings?	Film 16 mm projector Screen

TIME	ACTIVITY	MATERIALS
	6. How do males and females meet each other at your school? In your neighborhood? 7. What are the similarities and differences in how males and females let someone of the opposite sex know they're interested in them? 8. How do our expectations or assumptions about the opposite sex effect how we behave in male-female relationships?	
15 minutes	Advantages and Disadvantages of Being Male or Female Objectives: 1. To explore the advantages and disadvantages of being male or female. 2. To define the range of behavior within male and female roles. 3. To focus on some of the cultural differences between males and females in our society. Procedure: 1. Leader asks participants to brainstorm as many advantages and disadvantages as possible of being male and female. 2. Leader asks for a volunteer to list the responses on butcher paper. 3. Discuss responses in large group. Process points: 1. Compare and contrast the lists for males and females. Are any of these unique in your own community? 2. Do you view any of the advantages as disadvantages? Vice-versa? 3. Has your body made a difference in the way you act as a male or female? If so, how? 4. How do our ideas about being male or female effect our relationships with people of the opposite sex? Our expectations?	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	SESSION 4 - Male and Female Genitalia and Reproductive Anatomy	
5 minutes	Warm-Up - Quote Without Comment	
	Objectives: 1. To re-establish group climate. 2. To elicit feedback on the program.	
	Procedure: 1. Leader goes around group and asks each participant to say one thing about the group that they've liked and one thing that they haven't liked so far. 2. Anyone can choose to pass.	
15 minutes	Body Language Game (or Name That Part)	Butcher paper Felt pens Tape
	Objectives: 1. To develop comfort with using vocabulary. 2. To develop common vocabulary.	
	Procedure: 1. Leader introduces exercise: "Each of us has learned the vocabulary of sex in our own way. Our parents and families may use certain words or nicknames for parts of the body and sexual functions; our friends and peers often use a different vocabulary and the family doctor or teacher yet another. Some people are more comfortable with "slang" words or street terms while others prefer the family nicknames or medical/technical vocabulary. Sometimes people are embarrassed to ask questions about their body or their sexuality because	

TIME	ACTIVITY	MATERIALS

they don't know what certain words mean or are concerned about using the wrong words. This exercise is an opportunity to agree to a vocabulary that everyone can understand and to learn more about the effects of these words on us. What I'd like you to do is to circulate around the room and jot down all the words or phrases that you've ever heard for the word at the top of the paper - feel free to include anything you've heard your friends say, things you've seen written on walls, read in books or heard in music or on T.V., special names that your parents or brothers or sisters use, whatever."

2. Leader writes one word at the top of each large sheet of butcher paper:

Penis
Testicles
Anus
Vagina
Uterus
Clitoris
Breast
Legs
Eyes
Arm

3. Put each sheet up on wall or on floor (keep sheets close together), several pens by each.
4. Individuals walk around and write all the words or phrases they've ever heard that mean the same thing as the word on the paper. Also circle those words on the list they have never heard of.
5. When this task is completed, group examines one chart at a time and discusses the meanings of circled words. Ask group member(s) to read off words on each chart and then discuss.

Process points:

1. How did you feel writing the words? Reading the words?
2. Which of these words do you hear the most?
3. What is the overall tone of the slang words? The medical words?
4. Were there more words for male or female parts?
5. Which words do adults use the most?
6. Why do we have so many names for private parts versus other parts of the body?

TIME	ACTIVITY	MATERIALS
15 minutes	Male and Female Reproductive Anatomy - lecture/discussion Objective: 1. To provide basic information on the male and female reproductive anatomy. Procedure: 1. Leader uses large charts to explain the basic information. Each participant has a smaller chart. 2. Responds to questions from the group.	Large charts of male and female anatomy Rubber anatomical models Leader's lecture guide
25 minutes	Reproductive Anatomy Objectives: 1. To practice using basic information on male and female reproductive anatomy. 2. To establish a visual representation of reproductive anatomy. Procedure: 1. Leader divides group into small groups of 3-4. Gives each small group a large sheet ofpaper. 2. Instructs each group to draw the male or female reproductive anatomy. 3. Once the drawings are completed, the groups switch and label the various parts on the other group's drawing. Process points: 1. What was it like doing this exercise?	Butcher paper and pens

TIME	ACTIVITY	MATERIALS
	2. Point out that the arrangement of the parts of the genitals is very much the same for all males or all females; however there is quite a range of difference in size, placement, etc. Much like our eyes, nose and mouth.	

TIME	ACTIVITY	MATERIALS
	SESSION 5 - Puberty	
5 minutes	Warm-Up Objective: 1. To re-establish group climate. Procedure: 1. Leader goes around group and asks participants to respond with a brief one-liner to "What I like best about being a teenager".	
20 minutes	Physical and Emotional Changes During Puberty - brainstorm/discussion Objectives: 1. To identify the changes that occur during puberty for males and females. 2. To recognize that everyone experiences physical and emotional changes during puberty, but at different rates and in varying degrees. Procedure: 1. Leader hands out cards and asks participants to list 3 physical and 3 emotional changes that have happened to them during puberty and to mark on their card whether they're male or female. 2. Leader collects cards and lists responses on butcher paper. 3. Leader asks group to decide which changes occur for males only, for females only and for both males and females. 4. Group discusses responses. 5. Leader shows film - "And Then One Year" (this film is appropriate for 5th and 6th grades and junior high school) if appropriate.	Butcher paper Felt pens Tape Film 16 mm projector Screen 3 X 5 cards

TIME	ACTIVITY	MATERIALS
	Process points: 1. How old are people when they enter puberty? 2. How do you know when puberty is over? 3. Point out that everyone goes through puberty, but at different ages and rates. 4. Emphasize that people may feel sensitive about certain parts of their body or body type, but if you take a look around, you'll notice the vast variety among body types, all with pluses and minuses.	
20 minutes	Taking Care of Your Health - exercise (see Educational Aids section for alternative exercise) Objectives: 1. To demonstrate the effect of advertising on personal hygiene habits. 2. To identify health maintenance strategies. 3. To demonstrate a technique to use with teenagers to illustrate the relationship between advertising and personal health habits. Procedure: 1. Leader tapes life-size silhouettes of a man and a woman to the wall and distributes popular magazines and scissors to participants. 2. Leader instructs participants to look through the magazines and clip out ads for personal hygiene, cosmetics and personal appearance. 3. Once the ads are clipped out, leader asks the participants to tape the ads for the products on the parts of the body for which they're intended. 4. Group discusses completed silhouettes. Process points: 1. Which products are for attractiveness versus health reasons? 2. Is smelling nice smelling natural? Is this supposed to be different for men and women? If so, how?	Life-size outlines of male/female on butcher paper Magazines Scissors Tape

TIME	ACTIVITY	MATERIALS
	3. Point out that most of these products are for women. What does this say about society's message about women's bodies? 4. What approaches are used in the ads to sell these products? 5. What are other ways of maintaining our health and our looks? 6. Emphasize that personal hygiene habits are important for good health, but some products and home remedies may be harmful to our health.	

TIME	ACTIVITY	MATERIALS
	SESSION 6 - Basic Information on Male and Female Reproductive Physiology	
5 minutes	Warm-Up Objective: 1. To re-establish group climate. Procedure: 1. Leader goes around group and asks participants to respond with a one-liner to "What's the riskiest thing you've ever done?"	
20 minutes	"The Story of the Journey of the Egg" - lecture/discussion Objectives: 1. To provide basic information on male and female reproductive physiology. 2. To identify how pregnancy occurs and to demonstrate an understanding of the interrelationships among the processes that lead to pregnancy. Procedure: 1. Leader reads story aloud. (It is most effective to tell the story using colorful plastic cartoon characters of Stanley Sperm and Agatha Egg to trace the journey on the anatomy flip charts. Some of the teenagers in the group may want to help present the stories.) 2. Leader responds to questions about ovulation, menstruation, conception, sperm production and ejaculation. 3. Leader gives poster-size cards with different steps of the above processes written one to a card to different group members. 4. Leader instructs those with cards to arrange the events that lead to pregnancy in the proper order by placing themselves along a continuum. This process	Story of Agatha Egg and Stanley Sperm Large charts with annotation on back Leader's lecture guide Flash cards (see educational aids section for instructions)

TIME	ACTIVITY	MATERIALS
	is repeated for menstruation and for sperm production. 5. Leader corrects misinformation. 6. Instructs other members of the group to rearrange the order of the continuum if it's out of order. Process points: 1. What time of month is a woman most likely to get pregnant if she's having intercourse? 2. Emphasize that keeping track of your menstrual periods is important for an accurate medical history and may determine what method of birth control would be safer for you.	
15 minutes	Med-Facts Tape on Birth Control - film/discussion Objectives: 1. To provide basic information on birth control methods. Procedure: 1. Leader shows film. 2. Leader shows birth control methods from demonstration kit. 3. Leader responds to basic questions. Process points: 1. Point out that some birth control methods are more effective than other methods, but that each birth control method needs to be used properly to be effective. 2. Emphasize that some methods can be bought without a prescription at the drugstore and other methods require an exam by a doctor. 3. Point out that if no other method of birth control is available, withdrawal	Med-Facts tape Casette player Leader's lecture guide Birth control methods kit Rubber and/or plastic anatomical models

TIME	ACTIVITY	MATERIALS
	is better than not using any birth control.	
30 minutes	Plan-A-Fam Game (see instructions for game in Educational Aids section) Objectives: 1. To explore the relationship between having sex, using birth control, getting pregnant and being a parent. 2. To explore the alternatives available in fertility situations. Procedure: 1. Leader asks for two volunteers to be a couple for purpose of game. 2. Leader plays the game with the entire group (see attached instructions). 3. Group discusses each decision the couple faces. Process points: 1. How do you make a decision? Do you ask for advice, think it over, consult a professional, flip a coin? 2. How many children do your parents have? How many did (do) they want to have? How many children do you have (plan to have)? What sexes? 3. What are your plans for the next few years? How do your fertility decisions fit in? 4. What influenced your decisions on these issues? 5. Point out that even with planning, things don't always turn out the way you hope. Imagine what would happen without any planning or considering risks or chances.	Plan-A-Fam game board and instructions Dominoes Playing cards Chance cards
30 minutes	"If the Shoe Fits. . ." - motivation exercise (This can be used instead of previous exercise.) Objectives:	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS

1. To identify the pros and cons of having sex, using birth control, getting pregnant and having a baby (being a parent).
2. To recognize the consistencies and inconsistencies among the pros and cons around all four events.

Procedure:

1. Group brainstorms pros and cons of:
    a. having sex
    b. using birth control
    c. getting pregnant
2. Leader asks for a volunteer to list responses on butcher paper.
3. Group compares categories and discusses consistencies and inconsistencies among all four categories.

Process points:

1. Do you see anything that's a pro in one category and a con in the other category?
2. Were there any differences between the males and females? If so, what?
3. Point out that people make these decisions for very different reasons and that a person's reasons change during their lifetime.
4. Point out the importance of personal values, cultural differences, etc., in making these decisions.

TIME	ACTIVITY	MATERIALS
	SESSION 7 - Common Sexual and Health Myths	
5 minutes	Warm-Up Objective: 1. To re-establish group climate. Procedure: 1. Leader goes around group and asks participants to respond with one-liner to "What's the healthiest thing you've ever done for yourself?"	
55 minutes	Sexuality and Health Myths Game Objectives: 1. To inform teens of their own level of sexuality and health information. 2. To identify and to dispel common sexuality and health myths. 3. To give the leader(s) a rough measure of the participants' level of sexual knowledge. Procedure: 1. Form teams of 4-6 people. Hand out set of myth/information cards to each small group. 2. Each player reads aloud a card that contains a statement which is either true or a myth. The group then decides whether the statement is true or a myth. If there is disagreement or people don't know, then card is put into "undecided" pile. The process continues until all group members have had their turns and the group's pile is exhausted. It helps for each group to put their "true" cards in one marked envelope; their "false" cards in another and their "undecided" cards in the last envelope.	Sexuality and health myth cards (enough sets for size of group) Envelopes Leader's annotated guide

TIME	ACTIVITY	MATERIALS
	3. Leader has small group read off myths. 4. Leader collects the "undecided" piles and then reads aloud those questions together with their answers and explanations. 5. If there is time, leader answers and explains other questions which anyone wanted to know about. Process points: 1. Point out that some of the statements are value choices and some have no correct answers since there isn't enough accurate information as yet. 2. What process did you use in your small groups to decide about particular statements?	

TIME	ACTIVITY	MATERIALS
	SESSION 8 - Decisions: Alternatives and Consequences	
5 minutes	Warm-Up Objective: 1. To re-establish group climate. Procedure: 1. Leader goes around group and asks participants to respond with one-liner to "What's the best advice you've ever given?"	
40 minutes	"Dear Abby" - case studies/discussion (see next page for case studies) Objectives: 1. To practice using health information. 2. To identify alternatives available in given situations. 3. To discuss the potential consequences of each alternative. Procedure: 1. Leader reads aloud situation. Have first case studies deal primarily with health information and decisions, then move on to more relationship issues. 2. Asks group to decide what information and/or advice they would give to each of the people in that situation. 3. Group discusses possible responses and the potential outcome of each. Process points: 1. What makes it easy or difficult to give advice? How do you decide when to give advice?	Case studies on cards (enough sets for size of group)

PLANNED PARENTHOOD
ALAMEDA - SAN FRANCISCO

"DEAR ABBY" CASE STUDIES

Health Issues

1. Your friend Mary confides in you that she hasn't had a menstrual period for the last two months and you think she might be pregnant. What would you say to her?

2. Your friend tells you that he just found out that he has V.D. and makes you promise not to tell anyone. What would you say to him?

3. You know that your friend is having sex and not using birth control. This has been going on for several months, and you would like to say something to your friend. What would you say?

4. You have a friend who frequently smells funny. Other friends make jokes about this, and you feel bad for her. What would you do?

Relationship Issues

1. Your best friend has the hots for a big football player, but he doesn't notice her. She gets asked out by a real nice guy for Friday night. Lo and behold, "Mr. Smooth" asks her out for the same night. She comes to you for advice. What would you tell her?

2. You're over at your best friend's house waiting for her to come home from the store. Her older brother who you sort of like starts to put the moves on you. What do you do?

3. Your friend comes to you and says that she really likes this guy and she's afraid she's going to lose him if she doesn't do what he wants. He wants to get it on, and she asks you what to do.

4. The guys you hang out with are really getting into team sports. Sports are not your main interest, and you seem to have less to talk about these days. What would you do?

5. You overhear a group of students in your class making fun of one of your friends because they think he is homosexual. What would you do?

6. One of your best friends tells you that she thinks that she's gay and needed to tell somebody. What would you do?

Social Skills Issues

1. You're over at your friend's house and she gets into a terrible fight with her mother. What do you do?

2. There's a school dance, and your friends aren't going, so you and your best friend Judy have planned a party for that night. Then Judy gets asked to the dance and tells you that she got asked. What would you say?

3. You and your friends are going to the movies and then over to your best friend's older brother's apartment. The last few times there was a lot of drinking and carrying-on, and you felt out of it being there. Your friends want you to come along, and you have no other transportation.

4. Your friend's cousin shows up with a new car. You and your friend pile in for a drive. While riding around, you discover the car has been stolen. What do you do?

5. You just started a new school and don't know many people. How do you go about choosing friends?

TIME	ACTIVITY	MATERIALS
	2. Did your advice differ depending on the sex of the person involved? If so, how? 3. If this were your best friend, how would you communicate your concern about the situation to him/her?	
15 minutes	Alligator River Story - story/discussion Objectives: 1. To recognize that different people value the same person for a variety of reasons. 2. To illustrate the range of attitudes toward certain types of interpersonal behavior. Procedure: 1. Leader reads story aloud and then asks participants to individually rank the characters in the story according to who they like ("1"= most favorite, "5"= least favorite). 2. Leader asks for a show of hands on how many ranked "___" first; last; why? "___" first; last; why? 3. Group discusses and compares the reasons for their rankings. Process points: 1. Were you surprised by any of your choices? Other people's choices? 2. Which of the characters would you least want to be like? Why? 3. Would your rankings be any different if you found out that Abigail was laughing at the end? if Sinbad had V.D.? if Slug had a boat? 4. Point out that different people approve or disapprove of certain behavior or value another person for a variety of reasons.	3 X 5 cards Pens "Alligator River" story

TIME	ACTIVITY	MATERIALS
	5. Emphasize that everyone "heard" the same story, but different things were "heard" differently according to people's background and upbringing. These factors influence their voting and that's okay because there is no "right" answer.	

TIME	ACTIVITY	MATERIALS
	SESSION 9 - Decisions About Sex	
5 minutes	Warm-Up Objective: 1. To re-establish group climate. Procedure: 1. Leader goes around group and asks participants to respond with one-liner to "What's the best part of having you as a friend?"	
55 minutes	"Are You Ready For Sex?" - film/vignettes/discussion Objectives: 1. To provide examples of the decision-making skills of teens in sexual situations. 2. To recognize the impact of sexuality on male-female relationships. 3. To identify the blocks to discussing decisions about sex with your partner. 4. To identify alternative ways of handling sexual situations. 5. To identify personal expectations about sexual relationships. Procedure: 1. Leader introduces the film by asking the group to pay attention to how the couple makes the decision to have or not to have sex in each vignette and how each person communicates their viewpoint. 2. Leader shows first vignette and then stops the film. 3. Group discusses the vignette. 4. Leader shows next vignette and repeats process until all four vignettes have been shown and discussed.	Film 16 mm projector Screen

TIME	ACTIVITY	MATERIALS
	Process points: 1. What gets in the way of talking to a boyfriend/girlfriend about sexual issues? What would help you talk? 2. What do you see as the advantages of having sex? the disadvantages? 3. Why is it hard to say "no" in these sexual situations? 4. What if one person in the relationship doesn't want sexual involvement, but wants to be friends? 5. How come sexual experiences don't always turn out well? What goes wrong? 6. How do our expectations of the opposite sex effect how we behave in a male-female relationship? 7. What are alternative ways of expressing sexual feelings? 8. How do you know when you're ready for sex? 9. Point out that there are pressures on teens to be sexual and that deciding not to have sex may feel uncomfortable but may be a valid decision for that person. 10. If your younger brother or sister were having sex, what would you tell them?	

TIME	ACTIVITY	MATERIALS
	SESSION 10 - Relationships	
5 minutes	Warm-Up Objective: 1. To re-establish group climate. Procedure: 1. Leader goes around group and asks participants to respond with a one-liner to "What's the best thing someone could do for you today?"	
40 minutes	What is Love? - brainstorm/discussion Objectives: 1. To identify different types of relationships. 2. To discuss similarities and differences in each type of relationship. Procedure: 1. Leader asks participants to bring in three different definitions of love (one of their own, one from their parents and one from media, friends, etc.). 2. Leader lists all the definitions on butcher paper under "Love is ...", eliminating duplications. 3. Have each person rate in terms of the importance to themselves the various components of love. 4. Leader plays love music tape and asks participants to read the words to the songs while they listen. Can also have volunteer write the words to the song on butcher paper while the tape is playing. 5. Gather illustrations that demonstrate different expressions of love - i.e., mother-child, boy-girl, child-dog, grandparent-grandchild, man-woman, friends.	Butcher paper Felt pens Tape Tape-recording of love messages in songs Tape recorder

TIME	ACTIVITY	MATERIALS
	6. Group discusses different meanings of love and the relationship between sex and love. Process points: 1. Emphasize that what people mean by love differs. 2. What are the similarities and differences between sex and love? 3. Emphasize that you don't have to say you're in love to enjoy another person, particularly of the opposite sex. 4. Point out that people have many different needs and that different relationships meet different needs.	
10 minutes	Self-Esteem Cards - group exercise Objectives: 1. To recognize positive qualities of self and others. 2. To conclude the program on a positive note. Procedure: 1. Leader introduces this exercise by saying, "This exercise is a way to say good things to people. Often we don't tell people the things we really like about them or we don't even think about what we like in people. We've spent 10 hours together and a lot of great things have happened. Each of you will go home with a card filled with good things about you. The way we do it is that we will each put our name on top of a card. After we've shuffled all the cards, I'll hand them back. Each time I tell you to pass, you will pass the card to someone else. Each time you get a card, you are to think about that person and to write down the best thing about that person. If for some reason you can't say anything nice about a person, don't write anything on their card, because this card is only a 'Feeling Good' card."	5 X 7 cards Pens

TIME	ACTIVITY	MATERIALS
	2. Leader instructs each group member to write his/her name at the top of a card. 3. Leader collects cards and then passes them around the group. 4. Cards are passed around the group and each person writes down the best thing they can think of about each person on that person's card. 5. After all the cards are completed, each person gets their own card back at the end of the group.	
10 minutes	Wrap-Up and Evaluation	

Adolescent Model: Rationale and Suggestions

SESSION 1 - PERSONAL VALUES AND CHOICES

Introduction

Introductions and climate-setting are extremely important for developing a sense of safety and trust. Sexuality is a particularly sensitive area for most people. Group members wonder how this topic will be handled and how other group members will deal with personal information that is shared within the group.

Be sure to cover housekeeping details and groundrules. See General Leadership Tips for specific suggestions.

The leader projects to the group an atmosphere of trust. How the leader acts conveys more than what is said. If the trainer is warm, relaxed, clear about the agenda, yet flexible, the participants are more likely to respond and to want to participate in the exercises. The leader should also display enthusiasm for the exercises and be confident of the content, but be able to acknowledge his/her own limitations when necessary.

PEOPLE HUNT

Rationale:

In beginning a new program it is important to introduce the group members to each other in a non-threatening, relaxed manner. Having a fun activity reduces self-conciousness. This activity allows each group member to express something personal or distinctive about themselves and to meet everyone else in the group in an active, fun way - a good ice-breaker.

Suggestions:

People Hunt is a quick "mixer" to get people used to sharing and talking with others. It is great if time is limited or if the group members already know each other somewhat. The instructions need to be very clearly and enthusiastically delivered. If you have more time, you may want to use Expanded Name Tags as the initial group introduction exercise.

EXPANDED NAME TAGS

Rationale:

This exercise is not only an effective ice-breaker, but provides an opportunity for the participants to practice communicating - listening, sharing and giving feedback -- in an interesting, non-threatening manner. It is a good exercise for people who do not know each other, but is not effective if rushed.

Suggestions:

Please read the following instructions carefully before doing the exercise:

30 minutes **Expanded Name Tags Exercise**

Objectives:

1. To create a sense of group
2. To establish comfort level
3. To encourage sharing of personal experience and feelings
4. To validate each person as a unique and important member of the group

Procedure:

1. Leader distributes 5x7 cards and pens to all participants.
2. Leader instructs participants to write their responses to the following questions in different corners of their card. Instructs participants that it's OK to leave a blank; the point is to think about the question for yourself. There is no pressure to share.
3. Respond in upper left hand corner:
   a) If you were to have a great talent, what would it be?
   b) Where would you like to spend a vacation?
4. Respond in upper right hand corner:
   a) To whom would you tell a secret?
   b) If you weren't here now, where would you like to be?
5. Respond in lower right hand corner:
   a) What kind of present would you most like to get?
   b) What do you least like to do?
6. Respond in lower left hand corner:
   a) What is the most difficult problem in your school?
   b) When is the last time you had an absolutely great day?
7. Leader has questions written on butcher paper and writes own responses as an example; as a role model for sharing; and as a way of introducing self.
8. Leader has participants number off 1,2, & 3 and divides the participants into groups of three. Each group has a "1", "2", and "3".
9. Leader introduces next part of the exercise:
   "Most of us want to be liked and when we meet strangers we're often nervous about what we say to them. Even when we talk to people we know, we are so concerned about what we're going to say that many of us don't listen to other people when they talk. Since half of communicating is listening and this is an exercise in communicating, I

want you all to be able to listen while others talk. Therefore, before we begin to talk I will give you one minute to look at your card, think about what you want to share (and remember, you don't have to share anything you don't want to). When you do talk you won't have a lot of time - so when I say "go" - look at your card and decide what to share. GO!" (Time it, say "stop" at one minute.)

10. Leader instructs participants to choose one corner of their card to discuss within their small groups.
11. Leader instructs "1's" to share first, then "2's", and finally "3's". Each person has one minute to discuss whatever part of their responses they choose.
12. After all three people in small group have shared, leader instructs the number "1's" in each group to move to a new group. Each person has one minute to share in their new group. Change groups one last time.

Process points:

1. How did you decide which corner to discuss?
2. What was it like to talk about these things to people you don't know? That you do know?
3. If you knew people in the group, were you surprised by anything they said?
4. Emphasize that it's OK to share whatever feels comfortable and that each person will share something different and unique.
5. Was it hard to talk in a mixed group (parents/adults/teens)? What was the hardest to share?

This exercise can also be used to focus on communication, particularly listening and feedback. The leader can discuss the amount of self-disclosure that different people feel comfortable with and how they deal with this in a group setting. It's important to be flexible and to allow a few more minutes for small group discussions when needed.

FORCED CHOICE

Rationale:

Before it is possible to make choices about sexual activity and relationships, a teenager needs to think about his/her own values and to have some experience in making decisions. This activity involves choices that are "either-or" extremes. Some people may feel that they can't choose between extremes, but if the leader is clear, gentle and firm about the directions, there can be very interesting discussions of how people choose the same thing but for very different reasons. Everyone can participate in this activity, but no one is pressured to verbally share their viewpoint. This activity also allows the group members to move around, "to vote" with their bodies and to accentuate their choices in visual way.

Suggestions:

After introducing the exercise, it helps for the leader to stand up and to move to the center of the room and ask the participants to do the same.

You need to stress that for the purpose of this exercise there are no "middle-of-the-road" choices. After everyone has chosen a side, you can ask each person or volunteers to state why they chose that side. This sharing begins to give them a chance to speak up in front of the whole group and to compare their views with those of their peers. You can point out connections between various opinions, "...that sounds like almost the same reason as Mary chose it", or "Isn't it interesting that you chose this side for almost the same reason as Judy chose the other side." If they make comments such as, "Oh, I didn't think of that", then give them the option to change sides, but ask them to state why that reason makes a difference ("sometimes we don't have time to think of all the consequences", etc.)

Sometimes people complain that in "real life" the choices wouldn't be so extreme or "black and white", and may resist participating. You can point out that usually people have more alternatives but that sometimes people are faced with very limited choices because of resources, personal beliefs, time or other factors, e.g. a woman who does not want to be pregnant and who does not believe in abortion has to choose between an unwanted child and giving up the child for adoption.

RANK ORDER*

Rationale:

This activity is designed to help the teenagers focus more on choosing one alternative while rejecting others and to begin to look at what is really important to them. Explaining their choices to the other group members helps the person look more carefully at their decision. In order to have people concentrate on weighing the various alternatives, it is important to have the choices be somewhat difficult to choose among. The leader can make up additional situtations that would be appropriate for the particular concerns or ages of the group.

Suggestions:

The content of the choices may need to be altered depending on the age and composition of the group. Additional examples for older teens are:

---

* Taken from Sid Simon's Values Clarification

1. If you were with your family in a boat that capsized far from shore and there was only one life preserver, would you
   _____save your wife/husband?
   _____save one of your children?
   _____save yourself?
2. Which do you think is the worst?
   _____to become (or get someone) pregnant (unwed)
   _____to be dependent on hard drugs
   _____to marry someone from another race
3. Which would bother you the most about your partner?
   _____he/she has V.D.
   _____he/she has a child that you didn't know about
   _____he/she is bisexual

Additional examples for pre-teens are:

1. Which makes you most angry?
   _____a teacher who treats you without respect
   _____a friend who won't listen to your side of an argument
   _____your parents telling you what to do
2. What would you do if you saw your best friend steal from a store?
   _____report him/her
   _____pretend you didn't see
   _____ask him/her to share it with you

Sometimes people may want to add alternatives to the choices offered by the leader. The leader can ask if there are any other alternatives they'd like to add and how this would change their rankings.

THE $50 DECISION

Rationale:

This activity is to further focus people's attention on the process of making decisions. It is an opportunity for the teens to practice making a decision that involves both practical and fanciful considerations. It also allows the group members to see how other people make decisions about similar issues. There is no limit to their number of choices.

Suggestions:

In addition to pointing out similarities and differences in choices and spending patterns, it's useful to focus on the method or process each person used to arrive at a decision. See the decision-making exercise in Session 2 of the Parent-Teen curriculum for a more in-depth focus on decision-making.

SESSION 2 - BODY IMAGE AND MALE-FEMALE "IDEALS"

PROUD WHIPS

Rationale:

This activity is designed to quickly re-group and re-focus the group's attention on the group activities. It is also an opportunity for each person to focus on their own positive qualities and those of others. Each person has the chance to speak and to listen to the rest of the group members.

Suggestions:

If you are doing Sessions 1 and 2 together, you do not really need an activity to re-establish the group climate. A rest break would be more appropriate. When doing this activity, it helps for the leaders to start off and to go quickly around the group without dwelling.

MEDIA FLASH

Rationale:

Music, movies and other forms of media heavily influence teenagers' perceptions of the world and there are particularly strong messages about men and women and their relationships. This activity is a fun way to reflect on the male and female images in popular music, T.V. and the movies and to discuss the relationship of these images to our own images.

Suggestions:

It is important to use images that are currently popular and that are significant to teenagers in your group or community. We took pictures of teen idols in popular magazines, on record album covers, posters and billboards and then organized a slide show using these images. Be sure to consult with someone knowledgeable about photography when developing a slide show. We also taped parts of popular teen songs that described men and women and played the music during the slide show. If time, money or resources are a problem, you can ask the group members to bring in some pictures of their favorite stars or you can provide some magazines and materials that contain male and female images popular in the local community.

"IDEAL" MALE AND FEMALE

Rationale:

It is often difficult for a teenager to analyze and to express their likes and dislikes about the opposite sex. By focusing on their "ideal" or "fantasy" person, they are more comfortable discussing the effects of peer opinions, community standards and cultural stereotypes related to male and female roles. If you have a mixed group, it is useful to divide the males and females to have each group describe their "ideal" male and female and to then compare the lists from the two groups.

Suggestions:

In most groups, it flowed better to discuss the "ideal" male and female as part of the media flash. However, some groups need more structure and you can utilize the process of brainstorming to generate more discussion.

BODY IMAGE

Rationale:

A crucial part of teenagers feeling good about themselves is related to their acceptance of their own body and the images that they project to others. This activity is a safe, enjoyable way for teens to discuss likes and dislikes about their bodies and to recognize that most everyone has concerns about their bodies. It can also illustrate similarities and differences between males and females.

Suggestions:

This exercise needs to be introduced in a non-threatening way. The leader needs to be aware that the group members may try to match up people's personal likes and dislikes on their cards with the person. You need to keep focused on helping the teens realize that everyone notices other people's bodies and that it is normal to compare one's own body with others. In mixed groups, girls seemed to be more reluctant to share what they really like or dislike.

SESSION 3 - THE EFFECT OF MALE/FEMALE ROLES ON OUR INTERPERSONAL BEHAVIOR

WHAT DO TEEN WOMEN LIKE IN TEEN MEN/WHAT DO TEEN MEN LIKE IN TEEN WOMEN?

Rationale:

Many teenagers are eager for down-to-earth discussions about the opposite sex and how to know what qualities are considered positive. Although many talk with their same-sex friends, they find it awkward to communicate with the opposite sex about these issues. This exercise provides an opportunity for males and females to state their expectations of each other in a straightforward manner and to explore the similarities and differences within thier perceptions. It also allows each group to clarify misconceptions by discussing the meaning of particular qualities and issues such as "be loyal", "be affectionate", "can depend on", "someone who is sensitive", etc.

Suggestions:

You may need to help each group with their lists and to encourage them to include whatever they think is important even though it might seem trivial to someone else. During the large group discussion, you may need to prompt the males and females to clarify the things that they don't understand on each other's list and not to gloss over things, e.g. "Guys, could you tell us a little more what you meant by a girl who is affectionate? Do you mean someone who touches you; who has sex with you; who gives you attention? How would you let the girl know that you wanted her to be more affectionate? less affectionate/ Girls, how would you want to hear this from a guy?" As the leader, you need to pay close attention to side-comments, facial expressions and unspoken questions to facilitate a clear, honest exchange between the males and females.

"ARE WE STILL GOING TO THE MOVIES?"

Rationale:

Although teenagers often hear about other people's behavior in male-female relationships, they rarely have an opportunity to sit back and observe the effects of male and female roles and the part that communication plays in such a relationship. This film offers a "real life" glimpse of a teenage couple around age 15-16 on a picnic. The film is an excellent trigger for discussing the pros and cons of a sexual relationship; the effects of peer pressure; the difficulties of honest communication and the pressures of male/female roles. The couple in the film may not be exactly similar to teenagers in a particular community, but with careful introduction, most teenagers (and adults!) will be able to identify with certain parts of the couple's relationship.

Suggestions:

Films tend to make people quiet and somewhat passive, yet this film has been highly rated by the teens in the program. After the film, the teens are often reluctant to speak about their feelings about the film. One way to get around this is to brainstorm the advantages and disadvantages of being a male or female. You can relate these to the film or as a leader, bring out an advantage the male and the female each had in the film and then use the process points under the film to process it. People often need some space after a film before they are willing/able to discuss it.

Be sure to have the film all ready to show as it breaks the flow if you have to set it up. We usually stop the film at the end of the vignette and do not use the discussion part of the film. Teens, however, often feel they're missing something if they see film left on the reel. Assure them that they can see it at the break or after the session. You might want to view this section to see what questions are asked, but it's much more effective for the group to discuss the film themselves.

This film may not be of interest to much younger teens (5th and 6th graders) as they generally are not focused on male-female relationships. You may want to include a film on the emotional and physical changes of puberty instead.

ADVANTAGES AND DISADVANTAGES OF BEING MALE OR FEMALE

Rationale:

By comparing the advantages and disadvantages of being male or female both in our culture and in the teen's own peer group, it is possible to recognize that for every advantage enjoyed by the opposite sex there may be disadvantages. This exercise is an opportunity for each sex to better appreciate the complexity of the other.

Suggestions:

This topic can be included as a process point after the film or can be approached as a structured activity. Younger teens are interested in this topic as they focus more on their peers and their role among their peers.

SESSION 4 - MALE AND FEMALE GENITALIA AND REPRODUCTIVE ANATOMY

QUOTE WITHOUT COMMENT

Rationale:

This activity is a quick way to poll the group and to encourage input from each group member. It also allows each person to speak up without being criticized or commented on by other group members. The leader can simply acknowledge each person's feedback or can respond to the issues raised after all group members have commented.

BODY LANGUAGE GAME

Rationale:

Many teens are embarrassed to say that they don't know the meaning of certain slang or technical words for parts and functions of the body. They may have heard or used slang expressions without ever having heard an accurate description and feel somewhat awkward asking questions about their bodies or their sexuality because of the sensitivity of body language. This exercise is a fun way to take the shock value out of slang terms as well as an opportunity for the group to develop a common vocabulary for asking questions and discussing concerns. It also gives confidence to people who have only heard slang and now know the correct terms.

Suggestions:

It's extremely important to introduce this exercise clearly and to acknowledge that there may be some discomfort or embarrassment using slang words as we don't usually have permission to do so. You may need to circulate to help the teens with the lists. Sometimes just having the leader write the first few slang words on each sheet will get it started. In mixed groups, the girls will often be less likely to respond than the boys. It is helpful to have the group discuss this -- why it happens and what it means.

MALE AND FEMALE REPRODUCTIVE ANATOMY

Rationale:

Although many teens have learned about the "plumbing" of sex in school, few have had the opportunity to learn about the male and female reproductive anatomy and its relation to healthy sexual functioning in a comfortable, non-threatening atmosphere. The large anatomical charts and particularly the life-like models are excellent teaching aids to show the similarities and differences between males and females and the effect on sexual functioning. This is also a good opportunity to provide information on personal hygiene and to dispel common myths about genital size, the hymen and virginity.

Suggestions:

This presentation needs to be as understandable as possible. If rubber life-like models are to be used, it should be explained that it is sometimes hard to tell from a two dimensional diagram what the human body is like. Some teens may be embarrassed seeing realistic diagrams or models. (There is often a lot of giggling, squirming, and looking away. This does not mean that the teens are uninterested.) It's important for you as the leader to maintain your own composure and to acknowledge any discomfort on the part of the teens. When teens see the leader discussing the models in a "matter of fact" manner, they find it easier to accept the materials and usually have many questions. If you have access to a family planning clinic, it would be useful to attend a discussion group there to see how they present this information. We have included important points to cover in the Educational Aids section.

BROWN BAG EXERCISE

Rationale:

Too often information on the anatomy is considered dry and unappealing. This activity is designed as a review of the previous information on the male and female reproductive anatomy. It is a good outlet for the teenager's energy and a non-judgmental way for the leaders to check on the accuracy of the group's information. Building the anatomical models allows the teens to utilize what they've learned in a concrete and three-dimensional way.

Suggestions:

There needs to be enough room so that the small groups don't interfere with each other. If someone might object to using fruits and vegetables for parts of the male and female anatomy or if the group is too silly, you can substitute Play Doh for those shapes. Most of the teens thoroughly enjoyed doing an activity that involved creativity, handiwork and learning. Some groups may need a bit of encouragement to get started on the project because of a lack of understanding of anatomy. It helps to have the anatomical flip charts and models available for reference.

SESSION 5 - PUBERTY

PHYSICAL AND EMOTIONAL CHANGES OF PUBERTY

Rationale:

If the teens in your group are of pre-adolescent to young adolescent age (approximately 11 to 14 years old), they will usually have a number of questions and concerns related to the many changes happening to them during puberty (i.e., rates of growth, masculine and feminine characteristics, menstruation, wet dreams, skin problems, sweating, body aches, etc.) It is useful to show a film such as And Then One Year and to have a discussion following the film. If the group is somewhat older, you can cover these concerns during the next exercise on Taking Care of Your Health.

Suggestions:

Somewhat older teenagers (ages 15 and up) may not be as interested in puberty per se, but are interested in hygiene, personal attractiveness and health issues. Pre-teens and younger teens are very much absorbed in the many changes happening to their bodies and are concerned about the normalcy of their growth and development in comparison with their peers. Some younger groups may also benefit from more information on menstruation and wet dreams as well.

TAKING CARE OF YOUR HEALTH

Rationale:

This activity illustrates the influence of advertising on our ideas of personal hygiene and grooming. This is an excellent opportunity to talk about preventive health measures and to discuss the relationship of the media and peer pressure to smoking, drug and alcohol use. It is also a good time to clarify misconceptions about various hygiene products, diet regimes, home treatments, etc.

Suggestions:

You can also have group members bring in their favorite magazine ads for health and for attractiveness or glue ads to colorful paper, divide into smaller groups and have each small group discuss whether the ad relates to health or to attractiveness.

SESSION 6 - BASIC INFORMATION ON MALE AND FEMALE REPRODUCTIVE PHYSIOLOGY

THE STORY OF THE JOURNEY OF THE EGG

Rationale:

It has been shown through recent national surveys that a large percentage of teenagers do not know what time of the month a woman is most likely to get pregnant and that they remain confused about the sequence of events leading to menstruation, sperm production and pregnancy. This information has often been covered in school biology classes, but misinformation remains. The story and the flash cards are designed to emphasize this information in three different modes: 1) hearing the information, 2) seeing a visual representation, and 3) using the information in a game format. The flash card activity is a review of the previous information on male and female reproductive physiology and an opportunity for the leader to check on the group's understanding of the information.

Suggestions:

The story seems to work best when the person tells the story while using plastic, colorful cut-outs of "Agatha Egg" and "Stanley Sperm" to trace their journey on a large anatomical flip chart. Group members get bored if someone just reads the story, but enjoy an animated, descriptive "telling" of the journey.

The flash cards should be large enough to be read at some distance. There are three sets of cards: 1) one set for the steps leading to pregnancy, 2) one set for the steps leading to menstruation, and 3) one set with the steps involved with sperm production. Each step is written on a separate card and then the cards for each step are mixed up. The leader then asks for volunteers to hold the cards and to arrange them in proper order. You need to be aware that some teens are not able to read. This exercise can get bogged down if too much time is spent on it. Instructions for this exercise are included in the Educational Aids section.

MED-FACTS TAPE ON BIRTH CONTROL

Rationale:

Whether or not the teenagers in your group are sexually active, it is important that they know what type of birth control methods are available and where to obtain them. It is important to have samples of the different methods to show so the teens are able to visually identify the available methods. Detailed information on each method is not necessary but it is important to explain how each method prevents pregnancy, the relative effectiveness and the major disadvantages or advantages of each method. Sexually active and/or older groups of teens may have more specific questions.

Suggestions:

Teens seem to like the Med-Facts tape, but they also like to see the "real" thing. They like to touch and to play with the birth control methods. The leader needs to be comfortable demonstrating the methods and needs a sense of humor when discussing this material. The rubber usually attracts a lot of giggles and the teens like to experiment with the foam. They also like to insert the diaphragm in the model and remove it. The leader does not have to feel that he/she needs a lot of detailed information on the methods - mainly how it works and how it's used. Any additional information the leader doesn't know, he/she can contact the local family planning clinic for more information. Please see the "Guide to Presenting Birth Control Information to Teenagers" in the Educational Aids section for further tips.

PLAN-A-FAM GAME

Rationale:

Too often the chances of getting pregnant seem very remote from the actual experience of having sex and birth control is an afterthought after several months of sexual activity. This game is an excellent and thoroughly enjoyable method for exploring the relationships between having sex, using birth control, getting pregnant and having a child. The whole group can consult on the fertility life-cycle of the role-playing couple and many points on risk-taking behavior, marriage, pregnancy, adoption, parenting, etc. can be included. (Well worth constructing the game board and learning the instructions.)

Suggestions:

This game has been a great success with all the teenagers in the program. Although it takes a couple of hours to construct the gameboard and to learn the instructions, it is well worth the time and money (costs about $6 to make). We have used the game successfully in classrooms, youth groups, probation facilities, churches and many other community settings. For complete instructions, please see "Plan-A-Fam Instructions" in the Educational Aids section.

If you do not have the time to develop the Plan-A-Fam game, you can substitute the next exercise on the curriculum design titled "If the Shoe Fits..." Group should list responses as follows:

Having Sex		Using Birth Control		Getting Pregnant	
Pro	Con	Pro	Con	Pro	Con

Brainstorming should only be used as a tool to start discussion, not as an end in itself. Teenagers will tire of anything that reminds them of the negative aspects of school or learning.

SESSION 7 - COMMON SEXUAL AND HEALTH MYTHS

Rationale:

Since a great portion of teenagers' sex information comes from peers, they often have partial or mis-information or believe strongly in myths. This game is an active, fun way to dispel such myths or to correct misinformation without anyone being made uncomfortable. The game also points out that certain sexual beliefs depend as much on an individual's values as on scientific evidence.

Suggestions:

The leader does not need to feel compelled to go over every undecided card. He/she should try to refocus the questions back to the group and encourage them to give the answers instead of being the expert. It is important to get the group interacting -- to tell why they believe something to be true. It is OK to correct misinformation if no one else does, but the leader must be careful not to embarrass anyone or make anyone feel ignorant when correcting misinformation. It helps to preface corrections with an acknowledgement of common sources of misinformation, i.e. information has changed over time: people are freer to discuss differences in sexual values and behavior now;

*Game was based on similar game developed by Jacki Reubens.

people are exposed to many confusing messages about sexuality in the media. For example, the leader can say, "Many people used to believe that douching was a birth control method, but more recently we have learned that douching washes some sperm up the vagina towards the uterus so it cannot keep a woman from getting pregnant." You need to be particularly careful not to ridicule anyone's source of information as family members and close friends have often been those sources of misinformation.

It is also vital that the leader does not appear to promote a particular value position. Sometimes when assuring the group that something like masturbation is not narmful, the leader makes it sound as if everyone should feel comfortable masturbating. The leader may need to mention that not everyone wants or chooses to masturbate. There needs to be room for individual differences within even the most benign issues.

SESSION 8 - DECISIONS - ALTERNATIVES AND CONSEQUENCES

"DEAR ABBY" CASE STUDIES

Rationale:

Most teenagers are moving from an earlier stage of moral development where right or wrong is rigidly defined and one either tries to escape from or has to pay for the consequences of their behavior to a more mature morality in which one's personal values can be weighed against the ethics of the particular situation and a particular course of action considered for its possible consequences. They are very interested in hearing other teenagers' opinions in these areas, but are uncomfortable with revealing too much of themselves or their values in a group setting. A safer way to discuss these issues is to have the group act as consultants on various case studies. Once the group is involved with the process, they are often willing to pose other examples from their own lives.

Suggestions:

These case studies are an excellent discussion generator, but the leader needs to encourage give and take within the group. It helps to pose further questions about each case depending on the group's responses. It is best to pick two or three of the case studies ahead of time and then let the group come up with their own situations. Read over the situations first to make sure that they apply to the group you are working with. If you are working with an all male group, you may want to use examples that are sports-oriented or deal with males and their peers. It is most effective to use situations that you know your group has had to deal with, but general enough so they can pretend it is a "make-believe" situation or "someone else's" problem. Once the teens see how other group members deal with these situations, they are more willing to pose their own situations. You may want to break up the case studies with the "Alligator River" story and then come back to the case studies.

"ALLIGATOR RIVER" STORY

Rationale:

This values clarification story further emphasizes that people value different things in people and that people may like or dislike the same person for very different reasons. It gives the group members an opportunity to express their personal value system in a safe atmosphere and to recognize differing value systems in a non-threatening way.

Suggestions:

This exercise is a wonderful discussion starter. It can be used at the beginning of a session as a warm-up or as a trigger for discussion on "friendship". This story is best told with the excitement build-up of a story about "The Three Bears" told to a four year old. People love a good story and a good story teller. Do not read the story -- it is better to add your own flavor than to read it. After people have voted, you can add information about the characters to see how those factors would affect people's ratings. Please see the instructions for the "Alligator River" story in the Educational Aids section.

SESSION 9 - DECISIONS ABOUT SEX

"ARE YOU READY FOR SEX?"

Rationale:

Teenagers are often aware of the pros and cons of teenage sex but find it difficult to communicate their values when faced with a particular situation. The teenage couples in these film vignettes demonstrate how they decide whether or not to have sex and how they talk with their partner about this decision. This is an excellent starting point for the group to discuss its views on the various aspects of teenage sexuality and relationships.

Suggestions:

It is preferable to show each vignette separately and then discuss the group's reactions to that situation. This is especially good if you have a very expressive/talkative group. You can also show the uncut version of the film that includes a group of teens discussing issues related to each vignette.

Showing the longer version may hamper your group's responses because the teens in the film are so verbal and "say it all". If your group is not very talkative, the points that the film's discussion leader, Dr. Caplan, brings out are excellent and his style of facilitating a group discussion about sex with teenagers is worth watching. Some people may not yet feel comfortable leading a group discussion on these sexual issues and may prefer to use the longer version of the film. If you do use the uncut version of the film, it is still important to get your group to talk about the film. You can add to the process points and ask, "What did you think of the group discussions after each vignette?"

You need to be aware that some teens find the vignettes embarrassing, perhaps because they see themselves in the characters. The issues in this film may not be age-appropriate for pre-teens and younger teens. It depends whether the group members are involved with dating or relationships as yet.

SESSION 10 - RELATIONSHIPS

WHAT IS LOVE?

Rationale:

Many teenagers have difficulty separating their needs for affection, their sexual urges, romantic interest in another person and curiosity about intimate relationships. Many relationships labelled "love" fall apart quickly, resulting in hurt feelings and mistrust of intimacy. This exercise helps focus the teen's attention on the different meanings of love, paying particular attention on how love is portrayed in popular music. This is a good opportunity to discuss the differences between sex or love and how the double standard can affect people's values about teenage sexuality.

Suggestions:

If you haven't asked the group members to bring in definitions of love, you can brainstorm with the group and discuss the similarities and differences among their definitions.

We tape-recorded about 8 minutes of songs about love from popular teen music and played the tape during this exercise. You can also have someone write down the words or phrases that describe love in the songs. This helps the group focus on the love themes in the music. If you cannot provide a tape, you can ask the group to describe what is said about love and relationships in their favorite songs and then discuss how these images of love fit their own "real-life" experiences. You need to be careful not to put-down the songs or the love themes and to be sensitive to the appeal of romance and love in the songs. The teens are very much aware of the true nature of love, but enjoy the imagery in the music. They're usually willing to look at the types of images in the songs if they're not being pressured to reject the appeal of "true" love.

SELF-ESTEEM CARDS

Rationale:

Criticism seems to come easier to many of us than praise. Part of self-esteem is recognizing and appreciating positive parts of yourself. Since many of us were brought up not to brag about ourselves, this exercise is a non-threatening way to give others a chance to express positive thoughts about us. This activity is an excellent way to end a program.

Suggestions:

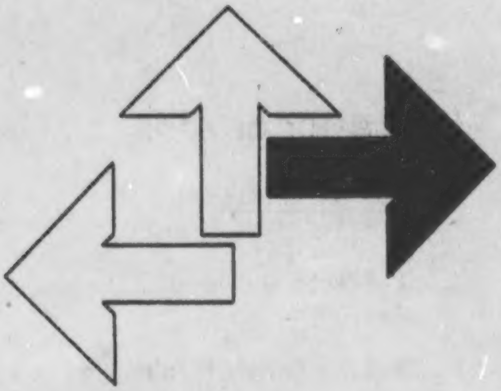
If your group is larger than 10-15 people, you may want to do the cards a different way and get a sampling of responses. Have each person write their name at the top of the card and then everyone tosses their card into the middle of the circle. When you say "go", everyone selects a card from the pile, writes their "best" comment and returns the card to the pile. Repeat this process several times. After everyone's card has been written on several times, give each person their own card back.

Be sensitive to those who have difficulty reading or writing and be available to help them. This exercise has been well-received by teens, adults, parents and trainers alike and most leave the session beaming.

Evaluation

This is a good time for leaders to let people know to whom and where they can go for more information and/or assistance. It is also important for the leaders to bring closure to the experience; to share their appreciation for the group's participation and their impressions of the program. It is difficult to elicit much more than a few written words or phrases from many teens. Asking for verbal feedback usually results in much more specific responses.

The evaluation of the program can be done before the self-esteem cards. The leaders should bring some closure to the program by saying goodbyes and thank you's at the very end.



Chapter 5: Educational Aids

Educational Aids

LIST OF MATERIALS — PAGE NUMBER

1. Leader's Guide to Male and Female Reproductive Anatomy 119
2. Taking Care of Your Health - exercise 123
3. Leader's Guide to Male and Female Reproductive Physiology 124
4. Story of Agatha Egg and Stanley Sperm 127
5. Leader's Guide to Birth Control Presentation 128
6. Leader's Guide to V.D. Information 131
7. Plan-a-Fam Game Instructions 132
8. Leader's Guide to Sexuality and Health Myths 147
9. Leader's Guide to Alligator River Story 154
10. Guidelines for Developing a Referral Directory for Adolescent Services 156
11. Resources for Audio-Visual Materials 160
12. Bibliography 162

LEADER'S GUIDE
TO
MALE AND FEMALE REPRODUCTIVE ANATOMY

(Adolescent curriculum - Session 4)

Objectives:

1. To provide basic information and to dispel common myths about male and female reproductive anatomy
2. To provide students with an opportunity to visually comprehend basic male and female reproductive anatomy
3. To increase students' comfort level with the words and functions associated with male and female reproductive anatomy

Procedure:

1. Have models, charts, graphs, felt-board or whatever visual materials you will be using readily available.
2. Give a brief introduction to this section (i.e., "We are going to be spending some time talking about male and female reproductive anatomy, so that we can understand our bodies better."
3. Encourage students to choose which they want to hear about first -- male or female model.
4. Using charts and/or models, present information about body parts and answer questions.

Process Points:

1. Were you surprised by any functions or particular parts?
2. Would you be able to describe these to a younger brother or sister? How would you tell them about it?
3. What similarities and differences did you notice between the male and female reproductive body parts?

Suggestions for Leader:

1. Before beginning this exercise, be sure that you as the leader feel comfortable with the material and how you plan to present it. Go through your presentation at least one time before you do it in front of your group. Do it for a friend, co-worker, whomever. If you have difficulty remembering the names of the different body parts and their functions, attach an information sheet to the chart or graph you are using. Explain to your adolescents that this information is sometimes hard to remember. Since you want to give them correct information, you may have to look at your notes.

2. Adolescents will usually giggle, fidget, and act embarrassed when discussing male and female genitals. You might deal with their discomfort by saying "This can be an embarrassing topic to talk about since few of us have had the opportunity to learn up-to-date, correct information about these body parts. Everyone needs information about their sexual organs whether they have sex or not. Sexual health means more than sexual functioning. It means personal hygiene, protection from infections and venereal disease and health of the genitals. It's OK to feel like laughing or making jokes as we're not used to discussing this topic in an everyday way."

Be aware of your own feelings and share them with the adolescents if that seems appropriate. The joking and fidgeting will lessen as you convey your comfort with sharing the information.

3. Everyone has their own style of presenting this information and you will find that you will do best to choose a style that is most comfortable for you. One approach is to begin by discussing the production center of the sperm (or the egg) and describe the journey of the sperm cell through the vas deferens, etc., until it is ejaculated from the penis. This way you can describe the function of each body part that the sperm goes through or passes by.

   Another approach is to ask the students which parts they recognize from the visual aids, and what does that particular part do. Then you can fill in the gaps. Or you may simply want to combine these two approaches.

4. Begin your presentation with a simple and clear explanation of the body part that you are presenting and encourage students to participate. For example, "This is a model (chart, picture, etc.) of the male reproductive organs. I'm going to be explaining what all of this is and if any of you already know, be sure to help me out."

5. Using charts, graphs, felt boards and rubber or plastic models enables the adolescents to visualize what you are talking about. Any charts or graphs you use need to be clear and simple. They should be large enough so that the group can see the body parts. Point out the body parts as you present the information. It is helpful if you have charts which show different views of the body section (i.e., cross section, front view, outside view). This gives adolescents a better idea of what they are looking at.

   Rubber models that are life-like can be a surprise or shocking to your viewers. They should be introduced slowly and one at a time. These models are the best way to help adolescents visualize what is inside and outside their own body. It is often difficult to visualize where the female reproductive parts fit into the body. It is helpful to demonstrate how the model sits in the female body by holding it up to your own body.

6. It is helpful to use words for the body parts that the adolescents understand (words they used in the language game, i.e. testes = balls). Keep in mind, though, that this session is an effort to teach the correct terminology for the reproductive body parts.

Frequently Asked Questions:

1. Can you pee (urinate) and ejaculate at the same time?
2. Are all men's penises the same size?
3. What happens to the sperm if you don't ejaculate?
4. Do you have to have sex to ejaculate?
5. How old do you have to be to cause a pregnancy?
6. How long do sperm live?
7. Why does a girl bleed?
8. Is it really blood?
9. When do the eggs come out?
10. How do they come out?
11. Where does a baby grow?

12. Why does a woman have three holes and a man only has two?
13. How long is the woman's vagina?
14. What happens if the man's penis is too big for a woman's vagina?
15. Can you tell if a woman is a virgin?
16. Can a Tampax get lost up there?
17. What does the Cowper's gland do?

There may also be questions on douching and other aspects of personal hygiene. The leader should read the appropriate chapters in Our Bodies, Ourselves; The View from Our Side (Emory University) or similar materials before doing this presentation.

Male Anatomy

1. CIRCUMCISION - is the removal of the foreskin or hood that covers the end of the penis. This surgical procedure is usually done right after birth. The penis looks different at the HEAD when it has/has not been circumcized.

2. EJACULATION - SEMEN is pushed through the URETHRA by the force of the tightening and relaxing motion of all the internal sex organs. When the SEMEN spurts out of the erect penis during sexual intercourse, wet dreams or masturbation it is call EJACULATION.

3. EPIDIDYMIS is where the SPERM are stored to mature.

4. ERECTION - is when a man becomes sexually excited and his penis which is usually soft and limp, swells and becomes erect. ERECTIONS are caused by veins in the PENIS filling with blood. The PENIS may become erect at different angles. A climax will cause an ERECTION to go down, but it will also go down gradually by itself without orgasm. Erections start at birth.

5. PENIS AND TESTICLES - are the male external sexual organs. An erect PENIS is about 5-7" long and 1-1 1/2" in diameter regardless of what size it is when flaccid or soft. The SHAFT and HEAD (glans) are highly sensitive, especially the HEAD.

6. SCROTUM - the pouch hanging behind the penis. It contains two TESTICLES where SPERM are made. The TESTICLES contract when cold and hang lower when they are warm to keep the temperature cooler than the body for ideal SPERM production.

7. SEMEN - In the URETHRA, SPERM are mixed with the fluids from the SEMINAL VESICLES, the PROSTATE GLAND and the COWPERS gland. This mixture is called SEMEN. Each ejaculation carries from 100-300 million SPERM (about 1 teaspoon). The SPERM can stay alive up to 7 days if deposited in the woman's vagina.

8. SPERM - a male sex cell that is the man's half of a fertilized egg, are reabsorbed in the man's body once they have matured, if they are not ejaculated.

9. URINATION and EJACULATION can't take place at the same time because there is a valve that closes off the bladder when a man is aroused.

10. VAS DEFERENS - After maturing, the SPERM move into the VAS DEFERENS at the beginning of sexual excitement, the VAS DEFERENS begins to tighten and relax in a regular motion. These motions push the sperm through the VAS DEFERENS and finally into the URETHRA (the same tube as urine comes through).

Female Anatomy

1. ANUS - rectal opening located very close to the vagina. It is very important for a woman to wipe herself from front to back after urinating or a bowel movement to avoid getting bacteria into the vagina and perhaps causing an infection.

2. CERVIX - is the narrow lower portion or neck of the uterus that is visible in the upper end of the vagina. It is a very tight muscle (looks like a little finger rolled up). This is where cells that are being shed by the UTERUS can be taken by a doctor when doing a PAP SMEAR.

3. CLITORIS - small pea-like organ at the top of the vagina. Primary source of sexual stimulation. It has no other function than to help a woman reach an orgasm.

4. EGG - is a female sex cell. It is produced in the OVARY. Each month an egg matures and is released from one of the ovaries.

5. FALLOPIAN TUBES - carry the egg from the OVARY to the UTERUS. They are rimmed with finger-like fringes that sweep the mature egg from the OVARY into the tube. The EGG travels through the tube because of the contractions of the tube and the movements of eyelash-like projections called cilia, that line each tube.

6. HYMEN - is a small web of skin which may partly cover the opening of the woman's vagina. The HYMEN looks different in different women, and some women do not have one at all even though they are still virgins. Many women can fit in a tampon while still a virgin if the hymen is at least partially open. Sometimes the first experience with intercourse will be uncomfortable because the remnants of the hymen are stretched rapidly and tear a little.

7. URINARY OPENING - small opening right above the opening to the vaginal canal. Urine passes through this opening.

8. UTERUS - (also known as the womb) is pear shaped, and surrounded by thick muscular walls. During pregnancy, the fetus grows in the uterus.

9. VAGINA - it has glands that sweat, producing a discharge. This is a natural cleansing action for the VAGINA. The VAGINA also becomes lubricated when a woman is sexually aroused.

TAKING CARE OF YOUR HEALTH - (Adolescent Curriculum - Session 5)

Objectives:

1. To inform adolescents of the kinds of feminine and menstrual hygiene products available.
2. To demonstrate how these products are used.
3. To identify the pros and cons of using these various hygiene products.

This exercise can be done directly following the "Ads" exercise with a primary focus on feminine hygiene.

Procedure:

1. Collect and display a variety of feminine hygiene and menstrual hygiene products (Modess, Tampax, Playtex tampons, sanitary napkins, sanitary belt, hygiene sprays, feminine suppositories - Norforms).
2. Explain what each product is, what it is used for, how it is used, advantages and disadvantages of using this product, cost, etc. One way to focus this discussion is to ask adolescents what they already know about a particular product and then fill in any additional information.
3. Be sure to pass each item around for adolescents to look at, smell, feel, etc.

Process Points

1. Are these products for attractiveness or health?
2. What would be the reasons for women using these products?
3. What would it be like to go into a store and buy one of these products?

LEADER'S GUIDE
TO
MALE AND FEMALE REPRODUCTIVE PHYSIOLOGY

(Adolescent Curriculum - Session 6)

Time: 45 minutes

Materials: Stories of Agatha Egg and Stanley Sperm, Anatomical flip charts, flash cards

Activity: Physiological Processes of Reproduction - stories/discussion/flash cards

"The Story of the Sperm and the Egg - How They Meet"

Objective:

1. To provide basic information on male and female reproductive physiology.
2. To identify how pregnancy occurs and to demonstrate an understanding of the interrelationships among the processes that lead to pregnancy.
3. To demonstrate a technique to present reproductive physiology information to adolescents.

Procedure:

1. Leader reads aloud stories about the following basic processes: menstruation, ovulation, fertilization, implantation, sperm production and ejaculation using large charts to illustrate the information. (See Session 6 of Adolescent Curriculum for more information).
2. Leader responds to questions.
3. Leader gives poster-size cards, with different steps of the above processes written one to a card, to different group members. One step should be printed on each card as follows:

Menstruation

1. Lining of uterus (womb) shed = day 1 of menstrual flow.
2. (Ovulation) egg comes out of ovary (about 14 days before the next menstrual flow).
3. Lining of uterus (womb) thickens with blood.
4. Egg travels through fallopian tube.
5. Egg enters uterus (womb).
6. Egg dissolves if unfertilized.
7. Lining of uterus sluffs off and passes through the cervical opening.

Sperm Production

1. Sperm made in testicles (balls).
2. Sperm mature in epididymis.
3. Sperm travel up vas deferens.
4. Sperm mix with semen.
5. Sperm leave penis through the opening at the end of penis = ejaculation.

Pregnancy

1. Sperm enters vagina.
2. Sperm travels up the vaginal canal.
3. Sperm meets egg if egg is there - fertilization.
4. Fertilized egg travels down fallopian tube into uterus (womb).
5. Fertilized egg attaches itself to the lining of uterus (womb).
6. Fertilized egg uses lining of uterus (womb) for nourishment.
7. Fertilized egg takes nine months to grow completely into a full-term baby.

(do not put the numbers on the charts)

4. Leader instructs those with cards to arrange the events that lead to pregnancy in the proper order by placing themselves along a continuum. This process is repeated for menstruation and sperm production.

5. Leader instructs other members of the group to rearrange the order of the continuum if it's out of order.

Process points:

1. Do you feel adequately prepared to present this information to adolescents? If not, what else would you need?
2. Re-emphasize the time of month that a woman is most likely to get pregnant if she's having intercourse.
3. Emphasize that it is important for women to keep track of menstrual periods for an accurate medical history and may determine what method of birth control would be safer for them.
4. Point out that you can present stories in a variety of ways using felt boards, illustrations, having adolescents read aloud or act out.
5. This can be a good group process activity but different adolescents may be at different points of readiness for the information. However, the activity allows the adolescents to work together as a group in figuring out this information.

LEADER'S GUIDE
TO
MALE AND FEMALE REPRODUCTIVE PHYSIOLOGY

(Adolescent Curriculum - Session 6)

WHO ARE THE EGG AND SPERM AND HOW DO THEY MEET?

THE STORY OF AGATHA EGG

Agatha Egg lives in her home the ovary with 300,000 of her sister eggs (a large family). Like Sleeping Beauty, Agatha and her sisters have been dozing for the first 12 or 13 years of their lives waiting for the start of menstruation. Finally, puberty is here and each month one is chosen. Agatha is the chosen one this month. Hearing the call of the hormones, she quickly dresses in her best and bursts forth from her home sweet home, not knowing that she won't be back. As she steps out the door, she is swept away by the fringed ends of the fallopian tube. What will become of Agatha on her memorable journey to the uterus? Will she rendezvous with a sperm or continue her journey alone?

Ripe as an apple, for 24 hours, Agatha continues toward the uterus hoping she wore the right thing. In the meantime, the uterus is busying itself building a nourishing home in case Agatha runs into that special sperm. Looking around there is not a sperm in sight. "Oh well," sighs Agatha thoughtfully, "I guess it just wasn't meant to be." Hearing Agatha's heartfelt sigh, the uterus knows that Agatha will be coming alone. Five to six days later, Agatha arrives in the uterus only to find that once again she is to be swept away with the lining of the uterus (called menstruation) through the cervix, down the vaginal canal and out the vaginal opening. As she is being whisked away, she hears the gentle voice of the uterus saying, "Sorry it was such a short visit, but not to fret. One of your sisters will come to visit next month."

WHO ARE THE EGG AND SPERM AND HOW DO THEY MEET?

(page 2)

THE STORY OF STANLEY SPERM

In the beginning Stanley Sperm was just a fat, ordinary little cell who lives in the testes (balls) with millions of his buddies (both boy and girl pre-sperm cells). For the first 12 to 14 years they waited and waited. Finally the signals of puberty come. Now Stanley is transformed from a dumpy little cell into a vivacious, tapered WONDER-CELL – a sperm.

Hanging loose in the testes, the sperm wait for the man to get turned on – for whatever reasons – fantasy, masturbation or dedication to the one he loves. Stanley and some of his buddies now head out on their long incredible journey. Out of the testes through the epididymis, they begin the long haul upstream through the vas deferens (the most highly muscular passage in the body), passing before the pubic bone, they head inward over the bladder and finally down to the seminal vesicle where they get to rest while waiting for the go ahead. They have gathered in joyous anticipation of the big send-off. Everyone is there for the big event. At last the signal comes and millions and millions of sperm swarm through the prostate where they are reinforced with more fluid, pumped down the urethra and with a final surge, Stanley and his buddies (both boy and girl sperm cells) are forced out through the penis to the great beyond.

The whole glorious trip from the epididymis takes only a few minutes. But alas, Stanley is no more. But there are millions of his buddies anxiously waiting for the next incredible journey.

THE STORY OF AGATHA EGG AND STANLEY SPERM

If the man and woman make love at midcycle without using any form of birth control, Agatha Egg and Stanley Sperm have a chance to meet. When we last met them, Agatha was travelling along the fallopian tube and Stanley and millions of his buddies were swimming up the vaginal canal through the cervix into the uterus and through the opening to the fallopian tube. In the meantime, the uterus is busying itself building a nourishing place in case Agatha finds and joins with Stanley (Agatha and Stanley only have 24 hours to find each other).

Stanley shouts out, "Half of you head for the other tube and half of us will continue into this tube!" Suddenly, Agatha sees a party of sperm swimming towards her. Entranced, Agatha rushes forward and suddenly her eyes meet Stanley's. In a moment of passion they collide and if all reproductive systems are go, Agatha and Stanley are now one. As they travel down the fallopian tube retracing Stanleys journey, they look for a nice place to settle down. Entering the uterus, Agatha and Stanley find a home at last, and set up house by attaching themselves to the lining of the uterus. When that happens, parenthood is only nine months away, provided there's not a spontaneous abortion (which occurs in 23% of all pregnancies).

LEADER'S GUIDE
TO
BIRTH CONTROL PRESENTATION

(Adolescent Curriculum - Session 6)

Objectives:

1. To identify various methods of birth control
2. To demonstrate how each method of birth control prevents pregnancy
3. To enable teenagers to become familiar with the methods of birth control and where they can be obtained.

Procedure:

1. Place all the various methods of birth control in front of the group so they are visible to everyone.
2. Give a brief introduction to the topic, "We are going to be talking about the different methods of birth control today. Have any of you heard this information before? At school? From friends?" Present the information on birth control and be sure to pass the different methods around so that the teens can feel, touch and smell them.
3. Respond to questions and clarify misinformation.

Process points:

1. How do you decide which method of birth control is best for you?
2. A woman or a man may use one method of birth control at one point in his/her life and another method at another time. As your life and relationships change, so may your method of birth control.
3. Who should take responsibility for using birth control?
4. How might you talk about birth control with your partner?
5. You will only use a method that you are happy with, not one that your friends, partner or anyone else thinks you *should* use.

Suggestions for Leader:

1. It is critical to be aware of your own biases toward different methods of birth control. Any leader presenting information on birth control should do the following simple exercise first to get in touch with their own biases and attitudes.

   Exercise: list all the methods of birth control and number them in order of *your* preferences for yourself right now. How would you have numbered them 5 years ago? 10 years ago? Why? Now number then in order of your preference for teenagers. Is it different from your own rank order? How come?

   Personal biases can have an effect on how leaders present their material. If you present one method as effective and easy-to-use and another method as unreliable and messy, you are influencing people's opinions.

If some of the samples in the birth control methods kit look sloppy or half-used and others are neatly packaged and colorful, this visual message may imply a bias.

Be aware of your own biases so you can try to maintain objectivity in discussing the methods of birth control. In addition, be aware of your agency's bias toward birth control for teenagers and be sure to be aware of how it affects your presentation. Above all be sensitive to other people's reasons for preferring one method over another. People generally use a method they have chosen based upon their own particular circumstances and life style rather than one that has been strongly suggested or pushed on them.

Be sure and stress that the "best" method is the method that someone likes, trusts and is willing and able to use exactly as directed. For example, a teenager who has sex in a lot of different places may find it difficult to carry around foam, condoms or the diaphragm. However, someone who is fearful of the side effects of the pill may stop them the first time they have a side-effect and may not use another method.

All birth control methods must be used properly and as directed to be effective and to prevent pregnancy. Using any method is better than not using a method at all.

2. Another area of concern for the group leader is how much information is enough. This depends, to a large extent, on the age and maturity of your group as well as their knowledge and interest level. The basic information, including a description of each method; how to use it; advantages and disadvantages; side effects and effectiveness should be given. Technical explanations are not necessary nor is detailed statistical data generally of much interest to teenagers. In a discussion of the advantages and disadvantages, for example, it is helpful to ask your group, "What have you heard about the __________? What would be the advantages of using it? disadvantages?" This gives you room to see what they know and want to know.

3. Be sure to use a flip chart or a pelvic model to demonstrate how various methods are used and where they are placed in the vagina or on the penis. This is often very helpful. In addition, when discussing the effectiveness of the birth control methods, give either the theoretical use effectiveness or the actual use effectiveness consistently. Don't give the theoretical rate for one method and the actual for another as this creates biases.

4. If teens have specific questions and/or concerns that you are unable to answer, you can refer them to the local family planning clinic or say that you will find out the answer and get back to them.

5. Before doing a presentation on the methods of birth control, try to observe someone else doing a similar presentation (perhaps at your local health department or family planning clinic); view the med-facts tape; and read materials that present information on these methods (i.e., Our Bodies, Ourselves, Birth Control Handbook, etc.).

LEADER'S GUIDE
TO
VD INFORMATION

(Adolescent Curriculum)
Session 6

Objectives:

1. To provide basic information on the symptoms and treatment for the most common forms of VD.
2. To provide an opportunity to practice using information about VD in "true-to-life" situations.
3. To discuss social stigmas associated with VD.

Procedure:

1. Leader gives brief 5-10 minute presentation on different types of VD - how it is contracted, symptoms, treatment and where to go for treatment (refer to Our Bodies, Ourselves or local health department for information).
2. Find out what your group needs to know; draw adolescents out by asking questions: "Who knows what the different types of VD are?", "How can a person tell if they have VD?", "What are the other names (slang terms) for VD?"
3. Answer any questions that did not get answered in the presentation.
4. Divide adolescents into small groups of 3-4. Explain that you will be giving them a situation and asking them as a group to decide how they would handle the situation. Everyone will come back to the larger group and share their ideas.

Situation:

1. You have just found out from the clinic/doctor that you have VD. How would you go about telling your partner? Imagine your partner's response and any questions your partner might ask you.

2. Your best friend tells you that he thinks he has VD, but doesn't want to tell his girlfriend. What would you say to him?

Process Points:

1. What was it like to have to think about having VD?
   What would you be most worried about?
2. How did it feel to tell your partner that you have VD? What kinds of things were you concerned that your partner would say?
3. How did you tell your partner about VD? Emphasize that one's approach depends a great deal on the quality of the relationship and the person you're telling, but that everyone has an obligation to protect their health and the health of someone you have sex with.
4. What did you imagine your partner was thinking?
5. How did it feel to be told that you have VD?

PLAN-A-FAM GAME INSTRUCTIONS

(Adolescent Curriculum - Session 6)

The Plan-a-Fam game offers an excellent and thoroughly enjoyable method for exploring the relationships between having sex, using birth control, getting pregnant and having a child. It is usually played with a group, and one or two people participate in a role-playing situation making decisions while the rest of the group is actively involved in giving advice from the sidelines. The Plan-a-Fam game provides educators with an excellent vehicle by which to teach decision-making and values clarification in an exciting and truly enjoyable manner.

Materials needed:

- Game board (see enclosed directions for making game board)
- Dominoes
- 2 decks of cards
- Special event markers

Introduction to the Game:

This game has a lot to do with making decisions, especially decisions having to do with a man and woman's reproductive life cycle. How do people usually make a decision? For example, how do you decide what movie to go to? (take responses from the group) then sum them up: Advice from friends, see who else liked it, look at reviews in newspaper, etc. The point to make here is that people make decisions in different ways and depending on the decision you might have a different style. In most decisions in life, we ask advice from other people whether it be our friends, parents, teachers, counselors or whoever. During this game you will all be encouraged to give your advice to the couple that plays the game.

As I said before, one part of this game includes making decisions, and one of the main decisions made during this game has to do with having or not having children and when you want to have them.

Questions to ask before starting play:

1) How many of you know how many children you would like to have?(have a few participants give the number and sex preference)
2) How many of you know how many children your parents wanted? (again take a random poll)
3) Did your parents get what they wanted?

This leads into the point that it's hard to achieve an ideal family size, and that a combination of luck and responsible contraceptive decisions are necessary for this to happen.

II. Selecting the players:

Before choosing your players, it is important to explain that this is a pretend/hypothetical game. Stress that these players are like actors and actresses while they play this game. Teens are especially self-conscious about sharing personal things about themselves in front of a group, especially a group of their peers.

Your choice of players is crucial to the success of the game. You can choose a girl and boy, or if no boys want to play, ask if there is a girl who wants to play the part of the boy - "just for the fun of the game".

If you are unfamiliar with the group, ask the leader or teacher to suggest a couple of possible players, before you begin your presentation. Then watch those teens and ask yourself if they participated during the first part of the group discussion, do they answer questions, show interest and enthusiasm? If they do, you can ask them if they would like to be the players.

If you aren't sure about the teens the leader suggested, or if there is no leader to ask, try watching the group during the early discussion and when asking for volunteers to play the game, try to choose two people you think would enjoy participating in playing this game.

REMEMBER to encourage the audience to give advice on what they think the players should or shouldn't do. Remind the players that, just as in real life, they are free to take advice from their friends, but the ultimate decision is their own.

III. Beginning the Game

Involve players in setting up the game by having them lay out the dominoes, shuffle the cards etc.

Questions to ask players when beginning the game:

1) Have you thought about if you would like to have children? If so, how many would you like, what sex do you want them to be, how old would you like to be when you start your family?
2) What are your plans for the future? (i.e. finishing high school, college, family life, work-career, etc.)
3) How old do you think you want to be when you get married, if you get married?
4) How old do you think you want to be when you become sexually active, that means, start having sex? (Take the dominoes off the board up to the number that represents that age: i.e. if the couple says they will start having sex at 16, take the dominoes off up until 16.)

The facilitator should try and remember these answers, because as the game is played you will need to remind the players of these decisions.

Also, remember to remind the players and audience that this is only a game and the players are like actors and actresses.

5) What method of birth control would you like to use? Do you know the different methods that are available?

This is a good time to have a brief discussion on methods if necessary.

6) Now, which method are you going to use? Okay, let's see how well it works for you.

As I said before, family planning is to a large extent a combination of responsible decision-making and chance. This game is based on chance and has been developed to be statistically correct. Specially marked dominoes and the playing cards are used to mark the passage of time (every domino = 6 months) and to determine the randomly-occurring events of a woman's reproductive life cycle.

It's a good idea to state that the rules of this game are too complicated to explain now, but that you will be explaining them as you go along.

RULES OF GAME

Each domino = 6 months. Declare desired number of children, any strong sex preference, age at first intercourse, age at marriage, before play.

If you are playing on:	Missed period Indicated by:	Pregnancy Confirmed by:
GREEN (unprotected intercourse)	any green-spotted domino	Ace thru 10 - any suit
YELLOW (good contraception)	any yellow-spotted domino	
ORANGE (excellent contraception-pill or IUD)	any orange-spotted domino	

Induced abortion can be chosen immediately after a pregnancy confirmation card. Turn domino on its side and use an abortion marker.

Other colors mean:	Confirmed By:
Red domino - death of a living child	Spade with same number value as one of living children's card
Blue domino - involuntary sexual separation (illness, divorce, death) must continue until blank domino	Diamond-Ace thru 10
OR Menopause (after age 38 only)	Heart, Ace thru 10

Blank Domino - End involuntary sexual separation

Voluntary sexual separation may be begun and ended any time the players choose.

Voluntary sterilization may be chosen at any time. Play all remaining dominoes in blue column. Check for chance of death of a living child.

Starting Play

Now as you begin to play have the players begin flipping over the dominoes into the appropriate color coordinated column for the birth control method that they chose (i.e. orange for excellent contraception, yellow for good contraception, green for unprotected intercourse). Note: The designation of "good" or "excellent" methods was made by the people who developed this game. According to the game "excellent" contraception includes pills and I.U.D. and "good" contraception includes the diaphragm and foam and condoms together or separately.

If a domino with the corresponding color turns up (i.e. orange on orange, it does not have to be an all orange domino and can be orange and yellow), this means the woman MAY have missed her period.

Questions to ask:

1) What are some of the reasons a woman may miss her period?
2) Where and when would she go to get a pregnancy test?
3) Does anyone know how a test is done?

CONFIRMING PREGNANCY: Have one player take a playing card from either pile, if it is 2-10 of any suit, the woman IS pregnant. If an ACE of any suit comes up, that means she was pregnant but had a miscarriage. If a FACE card is drawn, the woman is not pregnant.

If she is not pregnant, continue playing the game and give players the option of changing their method if they so desire.

If she is pregnant...

Questions to ask group:

1) What choices does the woman of the couple have?

2) Now, speaking to the couple, what do you think you want to do?

If woman decides to terminate the pregnancy:

1) What has she heard about abortions?

2) How is an abortion done; where can you get one?

3) How much does it cost?

4) What are some of the risks of having an abortion?

To mark that woman had an abortion, turn the domino on its side and place "induced abortion" marker on top of the domino.

Continue playing:

1) Will you continue using the same method?

2) What method of birth control will you choose now?

3) What's going on in your life now? (i.e. school, relationships, family work, etc.)?

If she decides to continue the pregnancy:

1) Draw a card and place it on 2nd three months square (see rules for what different cards mean)

2) Take another card for 3rd-three months

3) Draw final card for sex determination: even=girl, odd=boy

While these cards are being drawn, it is good to explain to the group that so far this is a "healthy" pregnancy. You could talk briefly about prenatal care: costs and benefits.

Once it's been determined if it is a boy or girl, place the appropriate sex marker on the last domino turned up by putting the domino on its side and placing the marker on top of it. It's always fun to ask what they plan on naming the child, arrangements for childcare, etc.

The BLUE domino

If a blue domino (not necessarily all blue) appears, this indicates an involuntary sexual separation. That is different from the couple deciding to split up. Involuntary sexual separation could be because of illness, death, business travel of either parent, the man or woman leaving the area to continue their education or for a job, etc. Have the group and players decide the reason for the involuntary sexual separation. This separation must continue until a blank domino turns up.

Questions to ask:

1) Will the woman continue using a method of birth control?
2) Will the man and woman continue to be sexually active?
3) If so, which method so as to continue playing the game. If woman chooses abstinence, turn dominoes over on "not exposed to pregnancy" column until a blank domino turns up or she decides to be sexually active again.
4) Will woman find a new partner? This is a good time to discuss the double standard. Values of the group will become obvious around this issue and a lively discussion occurs.

If woman continues to be sexually active, but does not want to use a method of contraception, turn dominoes on green column for unprotected intercourse.

Choosing Pregnancy

When woman or couple chooses to become pregnant, turn dominoes on "unprotected intercourse" column. When a green spotted domino turns up, follow the same directions as "IF woman decides to continue the pregnancy".

General Questions to be asking while playing the game:

1) What is happening in your life (lives) right now, i.e. school, family, childcare, relationships, etc.?
   For example, you said you wanted to get married at age ____, you are almost there, do you still want to get married, have your plans changed?
   Have your career plans changed since the birth of your child(ren)?
2) Are you happy with this partner, do you want a new one?
3) Should the woman tell her partner that she is pregnant?
   What if the couple doesn't agree about what to do about the pregnancy?
   Who should have the final decision?
4) What about your method of birth control, are you still liking that method?
   Are you interested in changing methods now that you've been using that one for _____ years.
5) What do your parents think about what has been happening in your life?

Some Keys To A Successful Game

1) The facilitator needs to exert a good deal of energy to get and keep the group involved. Your enthusiasm for the game will certainly spill over and quickly involve the teens in the game.

2) As facilitator, you need to have a good memory, both for the rules of this game and more importantly, for the things the players state early in the game about when they want to get married, have children, how many children and what sexes, what jobs they plan to do, etc. Once the game gets going and everyone gets involved, these earlier decisions are forgotten. It is important to bring these decisions up to remind the players and group about what they wanted to happened during their lives.

3) BE FLEXIBLE. Since the game is different each time you play, you have to be ready for anything! One group may spend 15 minutes deciding how old the couple should be when they become sexually active and another may do that quickly but be unable to agree on what method of birth control the couple should use.

The process that the group goes through in making these decisions is as much fun and as significant to the learning as the playing of the game itself.

4) Don't be a prisoner to the rules of this game. Make some notes on your gameboard if that would help you, or keep a note card handy. Remember, it is just playing the game that is fun.

5) REMEMBER to continue encouraging the players to give their advice and call out what they think. That really helps everyone become actively involved in the game.

6) To preserve your game board get some clear contact paper and cover it.

PREPARATION OF A PLAN-A-FAM PLAYING SET

To prepare a Plan-a-Fam playing set, one needs:

-- a piece of stiff white paper or cardboard at least 26" X 30", for the game board of which the time course of a reproductive lifespan can be visualized. Cardboard is preferable for durability, paper for easy carrying.

-- 3 complete sets of double-six dominoes. Each domino represents a six-month time period during the reproductive years. Colored marks on the dominoes provide the major source of uncertainty in the game -- the probabilistic events which occur during one's life to influence reproductive outcome.

-- 2 packs of ordinary playing cards without jokers. The cards are used in conjunction with the dominoes to give more accurate probabilities of chance events.

-- marking pens -- black, blue, green, yellow, red, orange. (Choose a blue and a green with different intensities for possible colorblind players.) The markers are needed for preparation of the game board and dominoes. Make sure that the markers you choose will color the spots on the dominoes, or use colored tape strips on the dominoes in matching colors.

-- buttons or other colored markers to denote the occurrence of special reproductive events on the game board. At least 5 of each color are needed: we usa blue for boys, pink for girls, white for spontaneous abortions (miscarriages) and deaths, and gray for induced abortions.

Draw and label the game board as in Fig. 1. Make each of the small spaces large enough to accomodate one domino. Color the NOT EXPOSED column blue; NO PROTECTION column green; the GOOD CONTRACEPTION column yellow; the EXCELLENT CONTRACEPTION column orange.

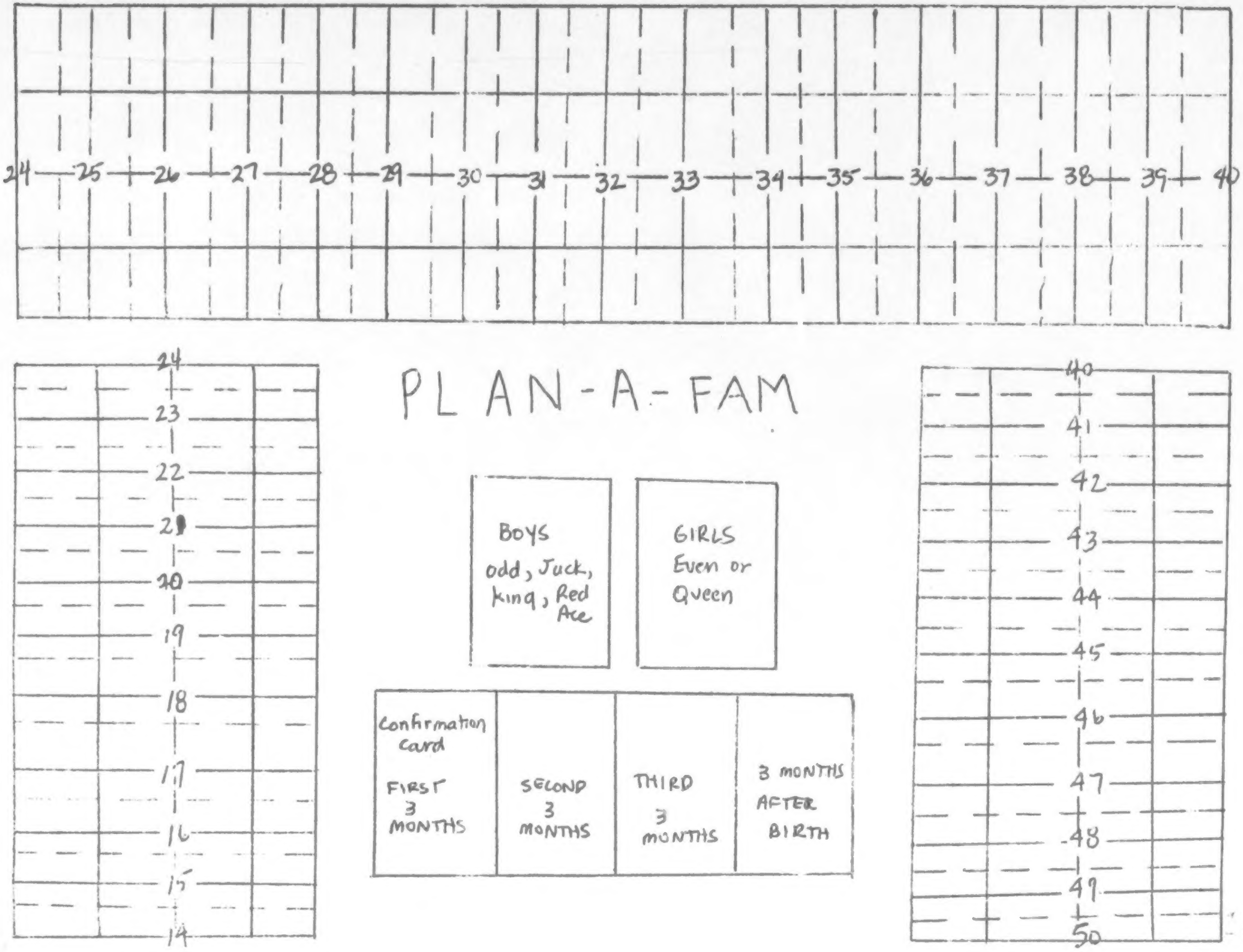
A copy of Table I can be pasted on the board or kept at hand. The rules for the pregnancy period (see later section) are written in the appropriate spaces in small letters.

The dominoes from all 3 sets are combined and marked as follows:

COLOR	DOMINO**	
RED	4-4, 5-5	both ends colored red
YELLOW	6-4, 6-0 6-5, 6-6	6-end colored yellow
ORANGE	6-5, 6-6,6-4	other end colored orange
BLUE	5-1, 5-2, 5-4	5-end colored blue
GREEN	all dominoes with 1, 2, or 3 spots on either or both ends	color all 1, 2, or 3-spot ends green; those with both ends colored are for fairly ineffective contraception

To prepare for play, shuffle the cards and place them face down at bottom of the board. Shuffle the dominoes facedown, then line them up in the blue spaces. Some dominoes will be left over; set these aside without turning them up. This removes some of the possible chance events from the game, but which ones are removed is unknown, so that not even a player familiar with Plan-a-Fam can predict future events during the game.

** Coloring in the dominoes can be somewhat confusing. Lay all the dominoes out with 4-spotted dominoes together, 5-spotted together, etc.
RED: Color all spots on 4-4 and 5-5 red.
YELLOW: Color only the 6 spotted end of 6-4,6-0,6-5,6-6 yellow
ORANGE: Color the other end of these 6-spotted dominoes orange 6-5,6-6,6-4, 5-4
BLUE: Color the 5 spotted end blue 5-1,5-2,5-4
GREEN: Color all 1, 2, and 3 spotted ends green


PLAN-A-FAM
BOYS
odd, Jack, king, Red Ace
GIRLS
Even or Queen
Confirmation card
FIRST 3 MONTHS
SECOND 3 MONTHS
THIRD 3 MONTHS
3 MONTHS AFTER BIRTH

SEXUALITY AND HEALTH MYTHS

These are some statements that many people believe are true. There are many reactions to these statements. Let's talk about what some of the issues are.

1. Homosexuals are born that way.
2. If a person is attracted to someone of the same sex, they are probably homosexual.
3. You can always tell if someone is a homosexual.
4. Most homosexuals wish they were straight.
5. Frequent masturbation causes emotional problems and harm to your body.
6. Young women do not masturbate as much as young men.
7. Men need sex more than women.
8. Once you reach a certain point, you have to go all the way.
9. Women are usually raped by strangers.
10. Most rapists are oversexed and don't have a partner of their own.
11. Young women who have more than one sex partner are easy.
12. Making love comes naturally.
13. Guys can tell if a woman is not a virgin.
14. You can't get pregnant the first time you have sex.
15. A woman can only get pregnant if a man ejaculates (comes or shoots) inside of her.
16. A woman cannot get pregnant during her menstrual period.
17. Washing out the vagina (douching) after intercourse will wash out the sperm and help prevent pregnancy.
18. A woman is most likely to get pregnant 14 days before the beginning of her next period.
19. Having intercourse for the first time always hurts.
20. Girls who are virgins can't use tampons.

21. Vaginal discharges mean you have VD (Venereal Disease).

22. Pelvic exams are just for older women.

23. Women can't get pregnant unless they have an orgasm.

24. Women with big breasts are more desirable.

25. Too much sex stretches the vagina.

26. Intercourse is the best kind of sex.

27. All men should be circumcised.

28. Most teenagers have intercourse by the time they are 16.

29. Men have less respect for women who use and come prepared with birth control the first time they have sex.

30. Wet dreams (nocturnal emissions) are a common experience for young men.

31. The more hair a man has on his body, the more masculine he is.

32. Women do not ejaculate.

33. The average flaccid (soft) penis is 3-4 inches long.

34. The clitoris is an important source of sexual pleasure for many women.

35. Intercourse the night before decreases athletic performance.

36. A large penis is more likely to satisfy a woman.

37. Both women and men know when they have gonorrhea.

38. Girls who menstruate early have sex sooner.

39. You can catch syphilis or gonorrhea from dirty toilet seats.

40. Sexual thoughts, fantasies and dreams show what you would like to do.

41. Alcohol and marijuana are sexual stimulants.

SEXUALITY AND HEALTH MYTHS

LEADER'S GUIDE

(Adolescent Curriculum - Session 7)

Statement on Card

MYTH 1. Homosexuals are born that way.
It is not known what exactly causes homosexuality. Some people believe that hormonal, biological or genetic factors influence whether someone is homosexual. Others believe that early childhood experiences, environment or parental role models are critical. Neither of these viewpoints has been proven. An equally important question is are heterosexuals born that way?

MYTH 2. If a person is attracted to someone of the same sex, they are probably homosexual.
Most people are attracted to people of the same sex, but that does not mean that they have to act on those feelings. Many men and women have homosexual thoughts occasionally; some even have homosexual experiences. This does not mean that they are homosexual. Homosexuals are those people who prefer to have sexual contacts only with persons of their own sex.

MYTH 3. You can always tell if someone is homosexual.
Most homosexuals, female as well as male, look and act the same as heterosexuals. It would be impossible to label that person as a homosexual based upon mannerisms, body build, speech, dress, etc. Some homosexuals who choose a particular life style or who live in a particular community may adopt a particular style of dress that identifies them to other members of the homosexual community.

MYTH 4. Most homosexuals wish they were straight.
Many homosexuals are very satisfied with their choice. Just like with heterosexuals, some homosexuals are unhappy with their relationships or life. Although homosexual behavior is illegal in most states, mental health professionals no longer see "voluntary" homosexuality as a problem or a disease.

MYTH 5. Frequent masturbation causes emotional problems and harm to your body.
Masturbation (touching or stimulating your genitals, turning yourself on, pleasuring yourself) is part of the normal process of growing up sexually both for homosexuals and for heterosexuals. In adulthood, as well as childhood, masturbation is a common way of sexual exploration and tension release. Masturbation is not physically harmful. It does not weaken your mind or body, cause warts or hair to fall out, etc. If masturbation becomes compulsive or a habit you can't control, then it is a problem, which should be discussed with a health professional. Masturbation itself is not harmful, although the guilt feelings one has about it can cause suffering.

Statement on Card

TRUE 6. Young women do not masturbate as much as young men.
Surveys show that 95% of men and 60% of women under age 22 masturbate. This is true for children, adolescents and adults - married or single. Research shows that masturbation is much more common for young men than young women. This is starting to change as women feel more comfortable with their bodies and their sexuality.

MYTH 7. Men need sex more than women.
Traditionally, it has been easier for men to express their sexual needs than for women; however, both men and women can show equally strong sexual interest and appetite. It is important to keep in mind that great variations exist within each sex. Some men are more interested in sex than others just as some women are more interested in sex than others.

MYTH 8. Once you reach a certain point, you have to go all the way.
There are many ways to deal with strong and healthy sex urges without having sexual intercourse. Kissing, masturbation, thinking and dreaming about sex, talking about it with a close friend, reading about it, etc. are alternatives to intercourse.
(Optional if discussed after movie, Are We Still Going to the Movies?)

MYTH 9. Women are usually raped by strangers.
Rape is forced sexual intercourse without consent or violent sexual aggression by a man against a woman or child. A man can be raped by another man. Over 50% of reported rapes are by men known to the women (an acquaintance, date, friend or relative). Many more unreported rapes are thought to be in this category. 50% of the rapes occur in the woman's home.

MYTH 10. Most rapists are oversexed and don't have a partner of their own.
Most acts of rape are acts of violence. These are assaults against a woman to gain power or to humiliate the victim.

MYTH 11. Young women who have more than one sex partner are easy.
Some people, both men and women, prefer to relate sexually to more than one person at a time. This is an individual preference; however, many people think that a man with multiple sex partners is a stud or a "real" man, while a woman with multiple sex partners is promiscuous, a whore or easy.

MYTH 12. Making love comes naturally.
All people are born with a sex desire and the capacity for sexual pleasure. This must be developed and nourished and doesn't work automatically. Each person needs to learn about his/her own sexual responsiveness and that of his/her partner.

MYTH 13. Guys can tell if a woman is not a virgin.
Unless a woman tells a man whether she is a virgin it is very difficult to tell by physical signs. Since some girls are born with little or no hymenal tissue (cherry, maidenhead) and many have hymens that tear because of sports or exercise when they are young, these girls probably would have little if any bleeding at the time of first intercourse. Others might have some bleeding or difficulty with penetration.
(Optional if discussed during reproductive anatomy.)

MYTH 14. You can't get pregnant the first time you have sex.
It is possible to get pregnant anytime you have sex (the first time, last time or 1000th) if there is an egg in the woman's Fallopian tubes when she and her male partner have intercourse.
(Optional if discussed during reproductive physiology.)

MYTH 15. A woman can only get pregnant if a man ejaculates (comes or shoots) inside of her.
Pregnancy can occur if the man ejaculates or comes near the woman's vagina, because sperm can move quickly in a moist area and some sperm may travel up the vaginal canal and into the uterus. This does not happen very often, but pregnancies can and do occur under these circumstances.
(Optional if discussed during birth control presentation.)

MYTH 16. A woman cannot get pregnant during her menstrual period.
A woman can get pregnant any time she has intercourse if an egg has been released from her ovary. It is less likely that she would get pregnant during her period, but it is possible.
(Optional if discussed during reproductive physiology.)

MYTH 17. Washing out the vagina (douching) after intercourse will wash out the sperm and help prevent pregnancy.
Sperm travel up the vaginal canal and into the uterus in a matter of seconds, so douching will not get all the sperm and might wash as many sperm up towards the uterus as out of the vagina.
(Optional if discussed during birth control presentation.)

TRUE 18. A woman is most likely to get pregnant 14 days before the beginning of her next period.
An egg is released from the woman's ovary about 14 days (or two weeks) before the first day of her next menstrual period. The egg takes several days to travel down the Fallopian tube into the uterus, so the woman is especially fertile around this time if she has intercourse.

Statement on Card

MYTH 19. Having intercourse for the first time always hurts.
Many women do not experience pain or discomfort the first time they have intercourse. Others may feel nervous and tense or may not adequately be turned-on (sexually aroused) so that intercourse may feel uncomfortable or somewhat painful. A few women have thick hymens and may have some bleeding when the penis pushes through the hymen.

MYTH 20. Girls who are virgins can't use tampons.
Since the hymen (the membrane which partly closes the vaginal opening) is an elastic membrane, usually with a hole in it, it is large enough for menstrual blood to pass through and most hymens will easily permit the passage of a tampon.

MYTH 21. Vaginal discharges mean you have VD (venereal disease).
All women have a normal vaginal discharge that is part of the vagina's natural way of cleansing itself. If this discharge starts to itch or burn, has a different odor or color than usual, it may be the sign of a vaginal infection that needs medical treatment (usually medication).

MYTH 22. Pelvic exams are just for older women.
Once a woman begins to menstruate or starting in her early teens, she should have a pelvic exam once a year to make sure that her genitals and reproductive organs are healthy.

MYTH 23. Women can't get pregnant unless they have an orgasm.
Having an orgasm (a build up and release of sexual pleasure and tension) is not related to getting pregnant. If a woman has intercourse without using a birth control method, she can get pregnant even if she doesn't have an orgasm.

MYTH 24. Women with big breasts are more desirable.
Breast size has nothing to do with a woman's ability to give or to receive sexual pleasure. Advertising and media in the United States make it seem like big-breasted women are sexier or more attractive, but this is a very individual preference.

MYTH 25. Too much sex stretches the vagina.
The vagina is a muscle that tenses and relaxes with sexual tension and release. Frequent sex does not stretch the vagina any more than frequent thinking stretches the brain. If a woman is tense, unlubricated or not sufficiently turned-on during intercourse, the vagina may feel sore or irritated.

Statement on Card

MYTH 26. Intercourse is the best kind of sex.

This is a value judgment. For some people intercourse is the only kind of sex that is enjoyable or acceptable to them, while others may find other kinds of sexual activity acceptable and pleasurable . Some people believe that there is nothing morally or physically wrong with any form of sex play so long as both partners agree. The legal codes in the United States outlaw many kinds of sexual activity other than heterosexual intercourse between married people. The majority of adults in the United States engage in sexual practices that are technically illegal, but these codes are rarely enforced.

MYTH 27. All men should be circumcised.

Circumcision (surgical removal of the foreskin of the penis) is done for both religious and health reasons. Doctors disagree about the necessity for this if a man regularly cleanses the area around and underneath the foreskin.

MYTH 28. Most teenagers have intercourse by the time they are 16.

Recent research indicates that 50% of females and 70% of males have had sexual intercourse by age 19. Therefore, a large percentage of teens have also chosen not to have intercourse.

MYTH 29 . Men have less respect for women who use and come prepared with birth control the first time they have sex.

People are more open in talking about sex nowadays, but some people still believe that if a woman plans ahead before having sex, she is loose or too knowledgeable. Most people know that a pregnancy could occur the first time they have sex, but are too embarrassed or unsure of the relationship to discuss birth control.
(Optional if discussed after movie, "Are You Ready For Sex?")

TRUE 30. Wet dreams (nocturnal emissions) are a common experience for young men.

If a male has not ejaculated (climax, come, shoot out) in a while, the storage tubes inside his penis become full of semen. Many young men have "wet dreams" while they are asleep. They ejaculate and relieve sexual tensions. Wet dreams start to happen during puberty and occur most often in males in their teens and early twenties, although older males experience them too. Wet dreams happen while the man is sleeping and are out of his conscious control. Both men and women can also have erotic (sexual) dreams that may end in orgasm during sleep.

MYTH 31. The more hair a man has on his body, the more masculine he is.

The amount of hair a man has is not related to his hormones, his sexual desires or anything else. A man inherits the amount of hair he has from his family tree (biological parents, grandparents and ancestors).

TRUE 32. Women do not ejaculate.

Women do not "shoot out" a liquid when they are sexually excited (turned-on), but they do have lubrication or wetness in the vagina which comes from the "sweating" of the vaginal walls when the woman is sexually excited.

Statement on Card

TRUE 33. The average flaccid (soft) penis is 3-4 inches long.
Erect penises vary in size less than people think (the average erect penis is 5-7 inches long). A small penis tends to increase in size somewhat more than a larger penis during sexual excitement.
(Optional if discussed during male reproductive anatomy).

TRUE 34. The clitoris is an important source of sexual pleasure for many women.
The clitoris (much like the head of the man's penis) has a concentrated number of nerve endings and therefore is a major source of sexual excitement for most women.

MYTH 35. Intercourse the night before decreases athletic performance.
There is no physical reason for this to be true although people in sports still argue about this. Fatigue, staying up late, worries, lack of concentration, hassles or pre-occupation with someone might decrease athletic performance.

MYTH 36. A large penis is more likely to satisfy a woman.
Penis size has no relationship to a man's ability to satisfy a woman sexually.

MYTH 37. Both women and men know when they have gonorrhea.
Most women do not see visible symptoms in the early stages of gonorrhea. Some men experience a discharge from the penis and pain and burning when they urinate, but others do not notice any visible symptoms during the early stages of gonorrhea. It is very important to go to a doctor or clinic for a VD check if you think you've been exposed to VD.

MYTH. 38. Girls who menstruate early have sex sooner.
Most girls begin to menstruate around age 11-12, but may begin as early as age 8-9 or as late as 16-17. There is no relationship between the age at which a girl first menstruates and when she chooses to have sex.

MYTH. 39. You can catch syphilis or gonorrhea from dirty toilet seats.

There is only one way to catch syphilis or gonorrhea and that is by direct contact with someone who has it. It's usually passed on by sexual intercourse or any other activity that brings the mucous membranes of the vagina, penis, rectum or mouth into direct contact with the infected part. Some other venereal diseases such as herpes, warts, scabies and crabs may be passed on through contaminated clothing and other contaminated objects.

MYTH 40. Sexual thoughts, fantasies and dreams show what you would like to do.

Many men and women have sexual thoughts, fantasies and dreams that are pleasurable and/or exciting to them. Some people feel that sexual fantasies are acceptable while other people feel that they are not. Sometimes people are worried by their fantasies. Just because you think of something it doesn't mean you want to or would do it. For example, sometimes in a fit of anger we think of wanting to hurt somebody; but that doesn't mean we're going to to it. Sometimes we think of having sex with someone we know but that doesn't mean we're actually going to do it.

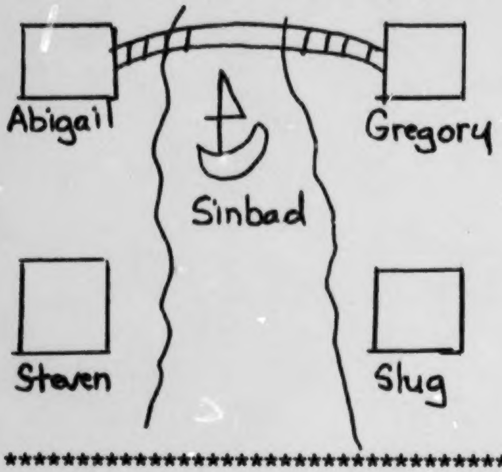
MYTH 41. Alcohol and marijuana are sexual stimulants.

These have exactly the opposite effect. Alcohol and marijuana may increase desire and reduce inhibitions (make you feel freer), but decrease the flow of blood to the genital area and can decrease sexual performance by making it difficult to maintain an erection (for men) or to experience an orgasm.

LEADER'S GUIDE
TO
ALLIGATOR RIVER STORY

(Adolescent Curriculum - Session 8)

The following story is adapted from Values Clarification, by Simon, Howe and Kirschenbaum. Feel free to make adaptions according to your own particular style -- the important thing is to get folks involved with it, so that they will be enthusiastic about examining their value system. It can be done with any size group, and is designed to demonstrate, through the rank ordering of the five characters, what values one is protecting at that particular time. Beware of folks who rate the alligator first and the bridge second. They invariably come from Berkeley.



Begin by drawing a vertical river, complete with menacing alligator. Draw a bridge horizontally near the top, connecting two houses, one on either side of the river. Mark the left one "ABIGAIL" and the right "GREGORY". As the story progresses, draw two more houses on the left and right downstream banks, labeling the left one "STEVEN" and the right "SLUG". At the appropriate moment, draw a small boat and label it "SINBAD" (seriously). The story begins:

****

Once upon a time, there was a river filled with menacing alligators. Across this river was a rickety old bridge which connected the houses of Abigail and Gregory. Now, Abigail and Gregory were deeply in love and had decided to get married in a few months, as soon as Gregory finished school. In the meantime, they had made a vow to save themselves for each other; so that they would be virgins on their wedding night.

One day, there was a horrendous storm which totally demolished the rickety old bridge. After it subsided, Abigail called the county road department, only to find out that it was number 96 on their list of top ten bridges to replace. She was crushed to hear this, and spent the rest of the day moping on the river bank. A few hours later, a boat appeared and the sailor, named Sinbad, pulled over to the bank to see what the problem was. After Abigail told him the whole mess, Sinbad thought for a moment and then offered to take her to the other side if she would consent to have sex with him that night.

Abigail was horrified at the suggestion, but Sinbad said he'd wait off shore to see if she changed her mind. In a daze, Abigail wandered downstream to Steven's house. Now Steven was a longtime friend of the family and spent his time reading psychology books; so when Abigail told him the whole story, he instantly replied in his best Rogerian manner: "How do you feel about that, Abigail?" After looking at him rather quizzically, Abigail repeated the story, to which Steven only replied: "I know you'll do the right thing, Abigail."

Dejectedly, Abigail slogged back home and motioned for Sinbad to come over, telling him she would accept his offer. The next morning Sinbad sailed her over to the other bank and she fell into the arms of Gregory, who smothered her with kisses. All of a sudden he stood back and asked how she had managed to get to the other side of the river; so Abigail told him the whole story, including the fact she had had sex with Sinbad.

Gregory reacted like he had been hit in the stomach. "But you promised to save yourself for me!" he wailed in anguish. "Everything's off between us", he announced, as he stomped inside his house and locked the door. Abigail, tears streaming down her face, wandered down to Slug's house. Slug was a 280 pound muscular family friend, who heard her wail out the whole sordid mess and then -- without a word -- stomped up to Gregory's house, mashed the door in and punched out Gregory.

Now, there are five characters in the story; Abigail, Gregory, Steven, Sinbad and Slug. I want you to close your eyes for a minute and think how you'd list them, from "best" to "worst".

****

You want to resist people trying to trap you into saying "best" or "worst" what, which would lay your value system on them. After you ask the group for their ratings, you'll usually find a spirited consensus, which you can then explore in detail to discover what values they are protecting — i.e., if Slug is higher than Steven, then perhaps they value "doing something" over "non-violence"; or if Gregory is higher than Abigail, then maybe a vow is more important than reaching the other bank. Two interesting variations are: 1) what one fact could change your ratings? -- e.g., what if Steven had a boat hidden in his basement -- or if Slug was in love with Abigail? (or Gregory?); and 2) what if Sinbad was female (Sinbadina), and she made the offer to Gregory instead and Abigail was the one to spurn Gregory because he had broken the vow? The latter is particularly suited to a discussion of role expectations.

GUIDELINES FOR DEVELOPING A REFERRAL DIRECTORY FOR ADOLESCENT SERVICES

As part of the project, a resource guide to services for adolescents in the local community was developed. The purpose of the guide was:

1) to inform adolescents about existing community services for varied health and social needs

2) to provide a resource guide to staff who work with adolescents

3) to encourage better utilization of existing community services via publicity

To maximize adolescents using this guide, we concentrated on those services that were free or low-cost and that adolescents could refer themselves without an in-between screening. This may not be possible if your community has limited resources for adolescents.

The booklet was very well received by adolescents and agency personnel. School staff (teachers, nurses and counselors); health, probation and social services personnel; community agencies; churches and private doctors liked the concept of a resource guide and requested numerous copies for the adolescents who they serve.

If you are interested in developing a similar resource booklet for your own community, you may be interested in the guidelines listed below. We have also included the format that we used for your reference. You can use this format by xeroxing the layout or by requesting the photo-ready layout from DHEW (National Clearing House). This is an excellent project for adolescents to do. It helps them learn how to evaluate community resources and how to be an informed consumer.

1) Identify all possible service needs of adolescents in your community - i.e., health counseling, drug abuse, employment, educational, parenting, child care, crisis centers, etc. It helps to check these areas out with adolescents, parents, youth leaders and service providers.

2) List all the programs, agencies and organizations that deal with the needs that you've identified in step #1 (it helps to look through the phone book, social services directories, etc.)

    a. Talk with school counselors and nurses; crisis center staff; hot lines; probation officers; family planning staff; public health nurses; social services staff or anyone else who usually refers adolescents for services.

b. Ask these staff where they refer adolescents for the needed services. This step is important because some agencies have special programs or services for adolescents that may not be very well publicized (i.e. the probation department having a group for adolescents with alcoholic parents).

3) Establish criteria for evaluating the appropriateness of each resource.

a. Meet with a group of adolescents at a school or youth agency and ask them to brainstorm what they look for when they seek help from a community resource. Possible criteria include:

- reputation of agency
- type of staff (layperson or professional)
- attitudes of staff
- location: availability of transportation; familiarity with neighborhood
- accessibility of service - fees, hours, waiting lists, eligibility requirements
- confidentiality - parent's consent, agency referral or self-referral
- responsiveness to special needs - language, physical or emotional handicaps

b. Develop a checklist with these criteria.

4) Screen potential resources using the checklist.

a. Call or visit each agency and ask to speak with someone who is knowledgeable about their agency's adolescent services.

b. Get up-to-date information on their services (types of services, location, hours open, cost, how to use services, how to get there, what languages are spoken, eligibility requirements). Check out what the adolescent needs to bring to use the service (parental consent form; Medi-Cal card; proof of age or residence). Record this information on a standardized interview sheet.

c. Ask questions about who uses their services - who usually refers adolescents there? approximately how many adolescents do they serve? from what parts of the community?

d. Discuss their philosophy of serving adolescents (problem-oriented, crisis, preventative, remedial, etc.). By asking how effective they are in reaching adolescents, you can often get a more in-depth feel for the nature of their services.

e. Check out the quality of their programs through recommendations by clients; by talking to professionals in the same field; by questioning staff who work there or by a site visit. Some programs that look good on paper or sound good over the phone are unsuccessful in attracting adolescents or in meeting their needs.

f. Ask adolescents to give you feedback about the agency and its services. This is an excellent way to update referral files and to annotate the files with personal experiences.

g. Identify contact person at the agency. This person can facilitate the adolescent using the service and can update information for you.

5) Construct booklet and distribute throughout the community.

a. The individual referrals under each category were typed for ease in up-dating and cost control. The printing cost was approximately 10¢ per booklet. Be sure to choose a colorful paper.

b. A cover letter was sent with a copy of the booklet to a variety of places throughout the community to determine their interest. The response was very positive. Be sure to include places such as the Red Cross, American Cancer Society, Heart Association, local hospitals, private pediatricians, etc. in addition to the usual places that work with adolescents.

c. If your community is anything like ours, you'll need to update the guide on a yearly basis.

TEEN SERVICES

Hotlines

Alcohol, Drugs

Referrals, Information

Pregnancy Testing & Counseling

Services for Continuing a Pregnancy

School Programs for Pregnant Teens

General Health Care for Women & Men

Runaway Centers, Counseling

Venereal Disease

Job Counseling

Birth Control

Sexuality

Abortion

A Guide to Free (or low-cost) and CONFIDENTIAL
Services for Teens in the Area.

RESOURCES FOR AUDIO-VISUAL MATERIALS

FILMS

1. Then One Year - (color, 19 minutes). This film gently explains the changes that boys and girls experience in adolescence. Included are discussions of wet dreams, masturbation, fertilization, growth rate and hygiene. Emphasis is also placed on the many emotional changes that occur in puberty. This film is appropriate for 5th-8th graders. It can be used in the session on puberty in the adolescent curriculum. Order from: Churchill Films; 622 N. Robertson Boulevard; Los Angeles, CA. 90069/approximate cost is $275.

2. Adolescent Sexual Conflict: Are We Still Going to the Movies? - (color, 14 minutes). This film focuses on a teenage couple on a picnic who are struggling with the amount of sexual involvement they want with each other. It is a good trigger for a discussion of male and female roles in intimate relationships, the role of sexuality in male-female relationships and the impact of peer pressure on decisions about sex. This film is appropriate for approximately 8th-12th graders. It can be used in the sessions on male and female roles or decisions about sex in the adolescent curriculum. It also can be used for the section on the pros and cons of adolescent sexuality in the parent-adolescent curriculum. Order from: CRM McGraw-Hill Films; Del Mar, CA/approximate cost is $240.

3. Are You Ready for Sex? - (color, 24 minutes). This film is designed to show realistic vignettes about how different adolescent couples discuss their decision to have or not to have sex. Through dramatizations and student discussions, questions concerning sexual responsibility, interpersonal communications, peer group pressures, sexual maturity, personal values, sexual intercourse, the use of contraceptives and sexual abstinence are examined. This film is appropriate for approximately 8th-12th graders. It can be used in the session on decisions about sex in the adolescent or the parent-adolescent curriculum. Order from: Perennial Education, Inc.; 1825 Willow Road; P.O. Box 226; Northfield, Illinois 60093/approximate cost is $300.

4. About Sex - (color, 23 minutes). This film shows an experienced group leader leading an adolescent rap session with a large mixed group of adolescents. The leader answers a variety of questions from VD to aphrodisiacs and discusses them honestly and openly. Information on sexual fantasies, body growth, masturbation, homosexuality, birth control, abortion and relationships is also included. This film is appropriate for 7th-12th graders. It has been used for staff training. Order from: Texture Films; 1600 Broadway; New York, New York 10019/approximate cost is $300. (Spanish version available.)

5. Med-Facts Tape on Birth Control - (color, 10 minutes). This video-cassette provides basic information on the different methods of birth control and meets the informed choice requirements of some family planning clinics. This film is appropriate from 5th grade and up. It can be used in the birth control section in the adolescent curriculum. Order from MedFact, Inc.; 420 Lake Avenue, N.E.; Massilon, Ohio 44646/approximate cost is $400 for the projector and $80 for the tape.

All of the above films were used in the staff training and are appropriate for parent education related to adolescent sexuality.

PELVIC MODELS

1. Plastic models of female pelvis - can be used to demonstrate use of foam or diaphragm. Order from: Ortho Pharmaceutical Co.; Raritan, New Jersey 08869/approximate cost is $30.
2. Rubber, life-like models of male and female reproductive anatomy. These three dimensional models provide an accurate, realistic and understandable conceptualization of male and female reproductive anatomy. Excellent for demonstrating many aspects of birth control, personal hygiene, male and female genitals. Order from: Jim Jackson; 16 Laurel Street; Arlington, Mass. 02174/approximate cost is $240.

ANATOMICAL CHARTS AND DIAGRAMS

1. Large flipcharts with diagrams and leader's guide to explaining male and female reproductive anatomy and methods of contraception. Very useful. Order from: Planned Parenthood; 810 Seventh Avenue; New York, New York 10019/approximate cost is $30.

RESOURCE FOR FAMILY PLANNING MATERIAL

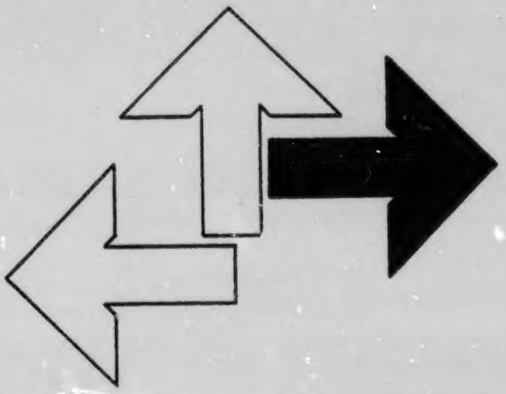
1. National Clearinghouse for Family Planning Information
   (Department of Health, Education and Welfare)
   P.O. Box 2225
   Rockville, Maryland 20852

BIBLIOGRAPHY FOR FICTION AND NON-FICTION MATERIALS FOR ADOLESCENTS

1. Bay Area Young Adult Librarians, Sex is a Touchy Subject, San Francisco, 1976.

   Mailing address: % Richard Russo
   2343 San Juan Avenue
   Walnut Creek, CA. 95498

   Price: $2.00



Bibliography

BIBLIOGRAPHY

This bibliography includes articles, books and pamphlets that were useful for different phases of the project. It is not a comprehensive listing of all the relevant materials within each category, but a selection based upon clinic and community experiences with the materials.

NOTE: Inclusion of this bibliography compiled by the contractor does not imply endorsement of cited materials by the Department of Health, Education, and Welfare. To determine appropriateness of a material for a particular group, careful preview is advised.

ADOLESCENT DEVELOPMENT

Ausubel, D.P. Theory and Problems of Adolescent Development, New York: Grune & Stratton, 1954.

Baizerman, Michael.. "Can the First Pregnancy of Young Adolescent Be Prevented? A Question Which Must be Answered." Journal of Youth and Adolescence, vol. 6, No. 4, 1977.

Cobliner, W.G. "Pregnancy in the Single Adolescent Girl: The role of cognitive functions." Journal of Youth and Adolescence, 1974, 3, 17-29.

Committee on Adolescence, Group for the Advancement of Psychiatry: Normal Adolescence, GAP Report No. 68, February 1968.

Coopersmith, Stanley. The Antecedents of Self-Esteem. W.H. Freeman, 1967.

Diamond, Milton et al. "Sexuality, Birth Control and Abortion & a Decision-Making Sequence." Journal of Biosocial Science, vol. 5, 1973.

Erison, E.H. Childhood And Society. New York: Norton, 1950. Identity Youth And Crisis, New York: Norton, 1968.

Parcel, Guy S. et al. Adolescent Health Concerns. Problems & Patterns of Utilization in a Triethic Urban Population. Pediatrics, 60: 157-164, 1977.

Rosenberg, E.B. et al. Modern Health Investigations: Boston: Houghton Mifflin Co., 1976.

ADOLESCENT SEXUALITY

"Adolescent Sexuality" Journal of Clinical Child Psychology. Winter 1974 Issue.

Broderick, C.B. "Sexual Behavior Among Pre-adolescents." Journal of Social Issues, 22(2), April 1966.

Bryt, Albert. "Adolescent Sex Crises", Medical Aspects of Human Sexuality, Oct. 1976.

Canfield, Elizabeth. "Am I Normal?" The Humanist, March/April 1978.

Cutright, P. "The teen-age sexual revolution and the myth of an abstinent past." Family Planning Perspectives, 1972, 4, 24-31.

Finkel, M.L. and Finkel, D.J. "Sexual and contraceptive knowledge, attitudes, and behavior of male adolescents." Family Planning Perspectives, 1975, 7(6), 256-260.

Gagnon, J.H. "Sexuality and Sexual Learning in the Child," Psychiatry, 28(3), August 1965.

Goldsmith, S.; Gabrielson, M.O.; Mathews, V. and Potts, L. "Teenagers, sex and contraception." Family Planning Perspectives, 1972, 4(1), 32-38.

Hamelstein, H., "Youth and Their Sexual Problems," Journal of Clinical Child Psychology, Current Practices and Future Perspectives, (New York: Behavioral Publication, 1974), pp. 351-362.

Kantner, J.F. and Zelnik, M. "Contraception and pregnancy: Experience of young, unmarried women in the United States." Family Planning Perspectives, 1973, 5(2), 21ff.

Kantner, M. and Zelnik, J.F. "Sexual and Contraceptive Experience of Young, Unmarried Women in the U.S. 1976 and 1971." Family Planning Perspective, 1977, vol. 9, No.2, pp.55-71.

Libby, R.W. "Adolescent sexual attitudes and behavior." Journal of Clinical Child Psychology, 1974, 3(3), 36-42.

Maddock, James W. "Sex in Adolescence: Its Meaning and Its Future." Adolescence, vol. 8, No.31, Fall, 1973.

Miller, W.B. "Sexuality, contraception, and pregnancy in a high school population." California Medicine, 1973, 119(2), 14-21.

Scales, P. "Males and morals: Teenage contraceptive behavior amid the double standard." Family Coordinator, 1977, 26(3), 210-222.

"Sex and Youth & A Symposium" Top of the News,Winter 1978 issue. (ALA, 50 E. Huron St., Chicago, Ill 60611)

Shah, F.; Zelnik, M. and Kantner, J.F. "Unprotected intercourse among unwed teenagers." Family Planning Perspectives, 1975, 1, 39-44.

Sorensen, R.C. Adolescent Sexuality in Contemporary America. New York: World Publishing Co., 1973.

"Teenagers U.S.A." July/August 1976 special issue of Family Planning Perspectives. Alan Guttmacher Institute, 515 Madioson Ave., N.Y.C.

The Male Role in Family Planning. Conference proceedings. Planned Parenthood, 1507 - 21st St., Suite 100, Sacramento, a.

"The Youth Values Project," The Population Institute, Washington, D.C.,1978.

Urban and Rural Systems Associates, "Improving Family Planning Services for Teenagers," Final Report for Contract HEW-OS-74-304, San Francisco, June 1976.

Wagner, N. et al. "Sexual Behavior in High School: ata on a Small Sample." The Journal of Sex Research, 9 (May): 150-55,

Zelnik, M. and Kantner, J.F. "Sexual and contraceptive experience of young unmarried women in the United States, 1976 and 1971." Family Planning Perspectives, 1977, 9(2), 55-71.

PARENTS AS SEX EDUCATORS

Goodman, B. & Goodman, N. "Effects of parent orientation meetings on parent-child communication about sexuality and family life." The Family Coordinator, 1976, 25(3), 285-290.

Gordon, Sol. "Put Sex Education Back into the Home," Good Housekeeping Magazine, Oct. 1977.

Gordon Sol and Dickman, Irving R. "Sex Education and the Parent's Role." Public Affairs Pamphlet No. 549, 1977.

Impact. Journal of National Family Sex Education Week, 1978. vol. No.1, Institute for Family Research and Education.

Insti. for Family Research and Education. A Training Manual for Organizers of Community Sex Education Programs for Parents. Syracuse, N.Y.: Ed-U Press, 1977.

Libby, R.W. "Parental attitudes toward high school sex education programs." Family Coordinator, 1970, 19(3), 234-247.

Minto, Lee. "Parents are the Facts of Life." Planned Parenthood of Seattle King County.

Scales, P. and Everly, K. "A community sex education program for parents." The Family Coordinator, 1977, 26(1), 37-45.

SIECUS. Parent As Sex Educator: New York: Human Sciences Press, 1976.

SEX EDUCATION

Calderwood, D. "Adolescents' Views on Sex Education," Journal of Marriage and the Family, May, 1965 (Available from SIECUS as reprint #019).

Carrera, Michael. "Training of Health Professionals in Education for Sexual Health." SIECUS Report, March 1976.

Carton, J. and Carton J. "Evaluation of a sex education program for children and their parents: Attitude and interactional changes." Family Coordinator, 1971, 377-386.

Crosby, J.F. "The effects of family life education on the values and attitudes of adolescents." Family Coordinator, 1971, 20(2), 137-140.

Gordon, Sol. "Why Sex Education Belongs in the Home", The PTA Magazine, February, 1974.

Gordon, Sol. "The Sexual Adolescent". An expanded, up-to-date version of Dr. Gordon's report to the National Commission on Population Growth and the American Future. 1973, revised 1974, Ed-U Press, Syracuse, New York.

Kelly, Gary F. "Group Guidance in Sex Education", Personnel and Guidance Journal, vol. 49, No. 10, June 1971.

Kempton, Winifred. "Techniques for Leading Group Discussions on Human Sexuality," Ed-U Press, Syracuse, New York.

Lewis, R.A. "Parents and peers: Socialization agents in the coital behavior of young." The Journal of Sex Research, 1973, 9(2), 156-170.

Morrison, Eleanor and Mila Underhill-Price. Values in Sexuality Hart Publishing, 1974.

New York State Coalition For Family Planning. Sex Education: A Critical Concern, 1975.

Otto, Herbert. The New Sex Education, Follett, 1977.

Reichelt, Paul A. "The Desirability of Involving Adolescents in Sex Education Planning", The Journal of School Health, February, 1977.

Reichelt, P.A. and Werley, H.H. "Contraception, abortion, and venereal disease: Teenagers' knowledge and the effect of education." Family Planning Perspectives, 1975, 7(2), 83-88.

Scales, P., and Gordon, S., "The Effects of Sex Education," in The Sexual Adolescent, North Scituate, Massachussetts: Duxbury, 1978.

Simon, Sidney B. et al. Values Clarification: A Handbook of Practical Strategies for Teachers and Students. Hart Publishing Co., Inc. N.Y. 1972.

Somerville, R. "Family life and sex education in the turbulent sixties." A Decade of Family Research and Action, edited by C.B. Broderick. Minneapolis National Council on Family Relations, 1971, 215-240.

Weichmann, G. and Ellis, A. "A study of the effects of sex education on premarital petting coital behavior." Family Coordinator, 1969, 18(3), 231-234.

Woods, N.F. and Mandetta, A.F. "Change in students' knowledge and attitudes following a course in human sexuality: A Case control comparison." Journal of Sex Education and Therapy. 1975, 2, 47-49.

TEENAGE PREGNANCY

Alan Guttmacher Institute, 11 Million Teenagers (New York: Planned Parenthood Federation of America, 1976).

Baldwin, W.H., "Adolescent Preganancy and Childbearing-Growing Concerns for Americans," Population Bulletin, vol. 31, No.2 (Washington, D.C.,: Population Reference Bureau, 1976)

Furstenberg, F. Unplanned Parenthood: The Social Consequences of Teenage Childbearing. New York: The Free Press, 1976.

Furstenberg, F.F., Jr., Masnick, G.S. and Ricketts, S. "How can family planning programs delay repeat teenage pregnancies?" Family Planning Perspectives, 1972, 4(3), 54-60.

Presser, H.B. "Early motherhood: Ignorance or bliss?" Family Planning Perspectives, 1974, 6(1), 8-14.

Stewart, Karen Robb. Adolescent Sexuality and Teenage Pregnancy: A Selected, Annotated Bibliography with Summary Forewords. Carolina Population Center. University of North Carolina at Chapel Hill, 1976.

Zero Population Growth. "15 Facts You Should Know About Abortion and Teenage Pregnancy: A Major Problem for Minors", Washington, D.C. 2P6.

FOR PARENTS AND YOUNGER ADOLESCENTS

Ginott, Haim. Between Parent and Child, 1965 and Between Parent and Teenager, Macmillan Co.

Gordon, Sol. Facts About Sex. The John Day Co., 1973 (revised edition).

Holsten, Sadie. Talking to Preteenagers About Sex. Public Affairs Pamphlet #476, 1972.

Johnson, Eric, W. Sex: Telling It Straight. Bantam Books, 1971., and Love and Sex in Plain Lanugage (revised edition). J.B. Lippincott Co.,1974.

Lyman, Marilynn. "Growing Up - Specially for Pre-Teens and Young Teens: Sex Facts; Teen Questions About Sex and Answers." Planned Parenthood of Syracuse, 1120 East Genesee St., yracuse, N.Y. and

Mayle, Peter. "What's Happening to Me?", 1977.

Pomeroy, Wardell. "Young Child and Sex: A Guide for Parents." Delacorte Press, 1974.

Pomeroy, Wardell B. "Boys and Sex". Dell, 1971, and "Girls and Sex",1973.

FOR PARENTS AND ADOLESCENTS

Bienvenu, Millard. "Parent-Teenager Communication: Budging the Generation Gap." Public Affairs Pamphlet #438.

Boston Women's Health Collective, Our Bodies, Ourselves.

Brown, Rev. Thomas E."Concerns of Parents About Sex Education". Behavioral Publications, 1971.

Fiore, Evelyn. "Sex Facts for Teenagers". Ace Books, 1971.

Gordon, Sol. "The Sexual Adolescent: Communicating with Teenagers About Sex". Wadsworth Publishing Co., 1973.

Gordon S. and Wollim, M. "Parenting: A Guide for Young People". WM. H. Sadlier, Inc., 1975.

Gordon, Sol. "You". Times Books, 1977.

Hamilton, Eleanor. "Sex Before Marriage". Bantam, 1973.

Handeman/Brennan. "The Sex Handbook". G.P. Putnam & Sons, 1974.

Kappelman, Murray M. "Sex and the American Teenager". Reader's Digest Press, 1977.

Kelly, Gary F. "Learning About Sex: A Contemporary Guide for Young Adults". Barron's Educational Services, 1976.

Lieberman, James E. and Peck, Ellen. "Sex, Love and Birth Control: A Guide for the Young". Thomas Y. Crowell Co., 1973.

Maxur, Ronald M. "Commonsense Sex". Beacon Press, 1973

McCary, James L. "A Complete Sex Education for Parents, Teenagers and Young Adults". Van Nostrand Reinhold, 1973

McCary, James L. "Sexual Myths and Fallacies". Van Nostrand Reinhold, N.Y., 1976

Miller, Stephanie. "Joy of Birth Control". Emory University Family Planning Program.

Preston, H. and Margolin, J. "How to Teach Your Children About Sex". Books for Better Living, 1974

Rocky Mountain Planned Parenthood. "Combination, So You Don't Want to be a Sex Object, Perils of Puberty, So Your Happily Ever After Isn't".

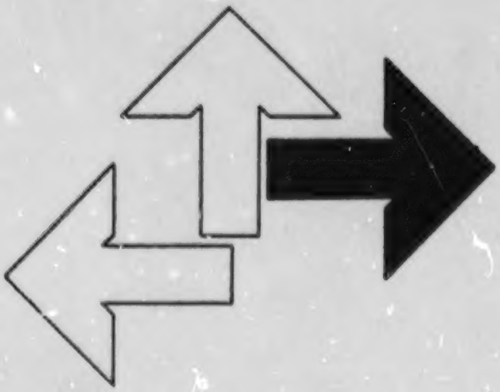
Ruben, Isadore and Kirkendall, Lester (eds.). "Sex in the Adolescent Years: New Directions in Guiding and Teaching Youth." Association Press, 1968

Satir, Virginia. "Peoplemaking", 1972

Southard, Helen F. "Sex Before Twenty: New Answers for Youth". E.P. Dutton, 1971 (revised edition).

What's Happening. Emory University Family Planning Program, Atlanta, Georgia (revised edition).

Whelan and Whelan. "Making Sense Out of Sex: A New Look at Being a Man". McGraw Hill, 1975



Chapter 6: Sex Education Program for Parents and Adolescents

Developing the Parent-Adolescent Model

RATIONALE FOR APPROACH

Developing a program to educate adolescents to make informed decisions about sex is only a partial step towards fostering responsible sexual behavior; a similar program for parents of adolescents is needed. The parent-adolescent model was designed primarily to encourage communication between parents and adolescents about sex and to break down barriers to mutual understanding.

Based upon experiences with adolescents and parents in clinic and community education programs, the project staff had observed a lack of communication about sex between many parents and adolescents. Both parents and adolescents have separately expressed a desire to communicate with each other, but have felt ill-equipped or fearful of what such discussions would bring.

Several common myths and concerns seem to contribute to this lack of communication. Many parents fear that if their child knows about sex, s/he will experiment sexually even though this has been shown not to happen. [1] It is important for parents and other adults to understand that a key factor in adolescents taking responsibility for their sexual behavior is their ability to consider the costs and benefits of sexual involvement and to have enough self-esteem to respect their personal values and standards as well as those of others. The adolescent who is sexually unaware can not be expected to comprehend the possible complications of the sexual activity he or she is considering.

PARENT'S ROLE IN ADOLESCENT'S DECISION-MAKING PROCESS

An essential part in the development of adolescent responsibility in the sexual area is the parent's positive approach to their adolescent's decision-making potential. Parents are the primary sources for their child's value systems. Their opinions, values and experiences have a powerful impact -- both positive and negative -- on their child.

Many parents, however, assume that their children do not want to talk to them about sex. Ironically, many adolescents wish that they could talk with their parents about sex, but are reluctant to do so because of their assumptions about their parent's response. In Sorenson's national study on adolescent sexuality, the adolescents surveyed shared some interesting perspectives on parent-adolescent issues concerning sex:[2]

- Many adolescents felt that their parents are strangers to them, yet the majority had a lot of respect for their parents as people.
- 60% felt that their parents do not know what young people want out of life.
- Most wanted to get along with their parents, but only one-third believed that they share common attitudes with their parents about sex.

- They had less respect for their parents' opinions about sex than their opinions in general.
- Many felt that their parents are unwilling to acknowledge their children's sexual concerns or sexual behavior.
- Over 70% said that they and their parents do not talk freely about sex and were at a loss to know what their parents wanted them to know about sex.
- They feel a great need to learn specific facts about techniques and problem situations rather than hear abstract discussions and morality lectures.
- A majority only tell their parents what they think their parents will accept in the matters of sex and 74% wished that their parents would understand that ' what I do sexually is pretty tame compared to some of the sexual things that go on today.'

While adolescents have become more open in discussing sexuality and sexual relationships as part of everyday life, this openness does not automatically correspond to their sexual behavior. There used to be stricter, clearer codes for thinking and behavior in the sexual realm. Today there are no clear-cut guidelines and adult sexual behavior does not reflect a consistent value system.

COMMON CONCERNS OF PARENTS

Many parents want to protect their adolescent from premature experimentation, hurt, rejection and other negative aspects of sexual activity. Viewing adolescent sexuality as potentially dangerous, particularly for daughters, they become obsessed with fears and fantasies of unwanted pregnancies, V.D. and early parenthood. Fearing that knowledge causes irresponsible behavior and believing that they need to be experts before talking about sex, many parents keep silent and perpetuate the syndrome of ignorance, guilt and irresponsible decisions.

PARENTS AS SEX EDUCATORS

Parents need to know that only the adolescent has control over his/her sexual behavior, but that the parent can and should have a powerful influence on the adolescent's personal values and standards which are integral to responsible decision-making. Most adolescents do not want to discuss specific aspects of their sexual behavior with their parents, but they do want to depend on their parents as sounding boards and role models.

Many adolescents are interested in what their parents were like as adolescents -- how they handled sexual decisions and consequences and how they handled relationships. They want to know if their parents ever felt the way they feel or experienced the same things and how it turned out for them. They are not as interested in the specifics of the parent's earlier sexual behavior as in guidance in making their own decisions about sex.

The effectiveness of sex education rests on dealing with what adolescents really want to know. Sol Gordon, a nationally-known sex education resource, encourages parents to approach communication in an honest, positive way:

> "It does appear that one significant reason why young people don't talk with their parents about sexuality is that parental behavior is often seen as an attempt to control children's lives, to pry, and to restrict sexual experience, rather than as an attempt to promote understanding and examine values together. Thus, to some extent, children won't want to talk with their parents about sex if they perceive such negative parental motives. Ideally, when parents appear to act in the best interests of their children, the children do want to talk about sexuality with them."[3]

Parents may feel uncomfortable when providing guidance in the area of adolescent sexuality and they have a right to their own feelings. Parents can be definite about their own values, standards and expectations while helping their adolescent grapple with the meaning and consequences of their own sexuality. Parents need reassurance that accepting or discussing sexuality with their adolescent is not condoning or encouraging sexual behavior.

> "The best way to stop the tide of irresponsible sexual behavior is to create a climate of acceptance and honesty about sex in the home."[4]

Program Design

NEEDS ASSESSMENT

Creating channels for communication between parents and adolescents about sex was the main impetus for the parent-adolescent program. Based upon input from ministers, health and social services staff, educators, parents and adolescents, it was decided to focus on breaking down barriers to talking about sex and building comfort level instead of presenting detailed information on sexual issues. By setting the groundwork to continue discussions at home, it was felt that parents and adolescents would seek out specific information and resources as needed and would be open to participating in more comprehensive programs in the future.

PROGRAM GOALS AND OBJECTIVES

The primary purpose of the program was to help parents and adolescents talk more comfortably and to communicate more effectively about decision-making, health, dating, relationships and sexual issues during adolescence. Because the time frame that had been decided upon was relatively brief, specific areas of focus were selected for the curriculum. The main topics included:

1) understanding similarities and differences in parent-adolescent roles
2) clarifying personal values and attitudes toward adolescent sexuality
3) identifying blocks to communication between parents and adolescents
4) identifying personal style of decision-making
5) discussing common sexual and health concerns of adolescents

Specific educational objectives for the program are presented immediately preceding the curriculum for the parent-adolescent program at the end of this chapter.

PROGRAM APPROACH

Although a variety of approaches were considered, it was felt that a program that provided an opportunity for parents and adolescents to learn together in a non-threatening, enjoyable atmosphere would allow for increased understanding of each other's perspective and an improved comfort level in discussing sexual issues. By participating in group activities with other parents and adolescents, it would be possible for each to gain a new perspective.

Parents would have an opportunity to observe their own child as s/he related to other adolescents and parents and to see how other parents related to their adolescent. Similarly, adolescents would have the chance to see their parent as an individual relating to other adolescents and parents. Adolescents and parents could also discuss their views with their own peers and perhaps gain some insight into similarities and differences between their values and standards and those of others.

As with the adolescent program, the activities in the parent-adolescent program were designed to allow maximum participation by both parents and adolescents, but with consideration for individual comfort level and readiness. The activities were also structured to illuminate the separate identities of parents and adolescents as well as to highlight areas of similar values and concerns. The group activities, discussions and films on adolescent sexuality and parent-adolescent relationships were planned to allow both adolescents and parents to have fun together as well as to learn.

TIME FRAME

After talking with various agencies who work with parents and adolescents, the project staff decided upon a relatively brief time frame for the program. Many parents and adolescents have a number of work, school, family and social commitments. It was felt that potential participants would be less likely to commit themselves to a long program, particularly in the area of sex education which can be a sensitive, controversial topic. Based upon experience with other types of community education programs, it was decided to present the program in 2-3 meetings for a total of six hours of curriculum.

TARGET AUDIENCE

The program was originally developed for junior-high age adolescents and their parents. It was felt that parents of older adolescents were less likely to participate in educational programs with their adolescent. Parents of 5th-9th grade adolescents seemed to be more concerned about the changes happening to their adolescent and more open to discussing issues related to their adolescent's development.

As it turned out, the program was versatile enough to be used with preadolescents and older adolescents with some adjustment for the content of the activities. The program was geared to be offered to the community-at-large and to specific parent groups connected to different community organizations. Although originally intended for parents and adolescents from the same family, the program was also presented to parents, adults and adolescents from different families. A detailed discussion of the experiences in demonstrating the parent-adolescent program follows in the next section.

Demonstrating the Parent-Adolescent Model

Demonstrating the parent-adolescent model turned out to be the most rewarding and frustrating part of the entire project and provided some valuable lessons. In the next section, the obstacles that were encountered in presenting the program as well as the similarities and differences among the four demonstration sites will be discussed.

Attracting Parents/Adults to the Program

LACK OF PARTICIPATION IN COMMUNITY PROGRAMS

Although the program proved to be very successful with parents and adolescents who finally participated, there were major obstacles to attracting parents to the program. Originally slated to be demonstrated at a big sisters program and a church, the program had to be cancelled at the church and re-scheduled and cancelled at another church because an insufficient number of parents showed up. Many of the potential demonstration site staff stated that they also have problems involving parents in their programs.

Surprisingly, more adolescents were interested in participating in the parent-adolescent program and many of the churches had more active youth groups than parent groups. As it turned out, many parents have good intentions and plan on coming to programs relating to their children, but are tired or over-committed by the time the program begins. Parents of junior-high and high-school age students seem to be less willing to participate in sex education programs with their adolescent, perhaps because there is conflict and confusion during this stage for many families. Since many parents identify sex as a "problem" issue, they seem to be reluctant to attend a program that they feel would label them as having a problem.

NEED FOR PERSONAL CONTACT AND REASSURANCE

Although the publicity for the program stressed the educational nature of the program, most parents needed some direct, personal contact with one of the demonstration site staff before they would commit themselves to participating. The staff themselves put a great deal of personal energy and commitment into contacting parents as parent/adult participation in their activities is usually very limited and sporadic.

Since sex education is a particularly sensitive and misunderstood area, many parents wanted reassurance about the goals of the program and the credibility of the program leaders. Staff and parents alike were relieved by the decision-making and communication aspects of the program and found this approach to be a strong selling point to involve parents of non-sexually-active as well as sexually-active adolescents. It was particulary important to stress the communication focus of the program and to offer a clear, specific description of what will be taking place, i.e., exercises about parent/adolescent roles, films on adolescent relationships, game on common sexual myths, etc.

CHANGING METHODS OF RECRUITMENT

After assessing the difficulty in recruiting parents and upon the advice of the participating agencies, it was decided to approach organizations that have parent groups who already met for other reasons. That way, if the group decided to participate in the program, no individual parent would have to single himself/herself out. This approach proved more successful than publicizing the program to the general community.

With renewed energy, it was possible to find three more demonstration sites in addition to the big sisters program: 1) a community church, 2) a local chapter of Parents Without Partners, and 3) an adult education class at a local hospital. The program participants and the demonstration sites reflected different segments of the community.

A brief description of each demonstration site is presented in Chapter 2 of the manual.

General Findings

IMPROVED NEEDS ASSESSMENT NEEDED

Because a specific educational approach was being assessed, a very limited needs assessment was done with each group of participants. This had advantages and disadvantages. By presenting a similar program to different groups, it was possible to identify strengths and weaknesses in the content and approach. In the process of clarifying parents and adolescents' areas of need and interest, the objectives for the program were refined and the activities adapted to meet these objectives.

If the program had been adjusted to the specific needs of each group, it would have been very difficult to determine which parts of the program were generally useful and appealing and which were limited by age, cultural or other considerations.

For those of you planning to present a similar program, it is essential to use the curriculum only as a base and to adjust the program to your specific group. It helps to present the framework of the program and to ask the group to identify their main areas of interest. If this can be done prior to the beginning of the program, so much the better. If this is not possible, you can offer a list of possible topics during the first session and have the group prioritize their areas of interest.

EFFECTIVENESS OF PROGRAM APPROACH

As it turned out, the general program focus on decision-making and communication skills proved very effective. As usual, the amount of material that was oriinally included was overly ambitious and some activities on body image, media influences and relationship issues were eventually eliminated. The amount of time needed for full discussion of issues was also underestimated. Parents and adolescents wanted to clarify their own viewpoints as well as to discuss similarities and differences between their viewpoints. Therefore, it was decided to concentrate on fewer activities, but with fuller, richer exploration of each activity.

The most important outcome of the program was breaking down barriers to talking about sex and viewing your parent or adolescent's values from a different perspective. Participants' reactions to and evaluation of the program are discussed in Chapter 8 on evaluation.

TIME FRAME

The six-hour time frame seemed to be approximately the right amount to attract parents and adolescents to the program. The program was scheduled in the evening hours at all four demonstration sites. A 2 or 2 1/2 hour session worked best as participants' energy level and attention span diminished towards the 3-hour mark. It is important to schedule the meetings at least weekly or additional time needs to be spent re-establishing the group climate.

Once the parents and the adolescents were involved in the program, many would have been willing to participate in additional sessions on specific topics of mutual interest.

SIZE OF GROUP

The size of the group varied from 14 to 28 participants. A group size of approximately 8-10 adolescents and 8-10 parents seemed to work best. It is important to have approximately the same number of adolescents and parents or one group may dominate or intimidate the other.

AGE OF PARTICIPANTS

The adolescent participants ranged in age from 11 to 17. The program format was versatile enough to accommodate all of those ages, but it was difficult to address the specific areas of interest and concern for each group member when there was a wide range of ages within one group. Please refer to the section on Demonstrating the Adolescent Model in Chapter 4 for a fuller discussion of the effects of age differences.

TYPES OF PARTICIPANTS

The majority of the program participants were parents and adolescents from the same family with the exception of the big sisters demonstration site where participants were primarily young adult women (big sisters) with female adolescents (little sisters). At some of the sites, parents attended without their adolescent and vice versa.

The program seemed to have more personal impact and meaning for parents and adolescents from the same family. A detailed discussion of this issue is presented in the evaluation chapter.

Most of the participants were female, but the male participants contributed valuable insights and perspectives. The largest number of males participated at the Parents Without Partners demonstration site.

COMPARISON OF DEMONSTRATION SITES

In comparison to the adolescent model the concerns of the parents and adolescents were somewhat similar among the four demonstration sites. The discussion of issues relating to adolescent sexuality reflected some general areas of agreement and disagreement between parents and adolescents, although there were some individual differences and age differences. In the next section, some of the participants' responses to specific topics will be presented to give you some flavor of the discussions

Parents & Adolescents' Expectations of Each Other

In discussing parent/adolescent roles and the "ideal" parent and adolescent, the parents and adolescents could identify many concrete and global things they wished for in each other. Both the parents and adolescents struggled with a need to provide guidance and to be guided and a need to let go and to be more independent.

By observing the groups' lists on the "ideal" parent and adolescent, it is apparent that there are many areas that are open to confusion and conflict. There is a need for negotiation in these areas and a need for appreciation of areas of mutual understanding. Many of the adolescents wanted tangible, concrete things from their parents. Some of the seemingly smaller disagreements about clothes, curfews, school and chores seemed to be a testing ground for how well the parents and adolescents could communicate about more complicated issues. The adolescents, in general, wanted a lot more freedom but wanted their parents interested and involved on an emotional and practical level.

An interesting outcome of these discussions was that parents had the opportunity to see their adolescent as a whole person, not just as a family member or child. Many parents tend to think of their adolescent in relationship to the family, i.e., being responsible to family needs, doing chores or cleaning their room. Adolescents, on the other hand, have a role in the world beyond the family and are concerned about issues of identity, popularity, and approaching adulthood. By being in the same room with each other, adolescents were able to see their parents as individuals just as parents were able to see their adolescents as a person.

The following lists illustrate some of the similarities and differences between parents' and adolescents' expectations of each other:

IDEAL PARENT (BY PARENTS)	IDEAL PARENT (BY ADOLESCENTS)
good listener	young
tolerant - patient	patient
honest	nice
responsible	understanding
available	able to say yes
able to communicate	not too realistic
making family time count	trusting (us)
encouraging, supportive	no yelling

loving
letting go
consistent discipline
good role model
teacher
recognizes their children to be individuals
respects privacy
allows freedom to grow
protecting but not overprotecting
be yourself (don't use your children or live through them
admit when you're wrong
encourage independent thinking
don't make excuses for their actions
financially responsible
"punishment equal to crime"
non-judgmental
aware of who friends are
sense of humor
not competitive
loves to drive
rich
wise
joyous
unselfish

no housework
letting us be independent
sense of humor
able to talk to us
easy to talk to
no hitting
able to listen to loud music
puts up with lots of kids
understands need to use phone
lets people spend night
doesn't ask where money spent
lets us stay up week nights
fair
home bake (everyday)
not nosey
more understanding - feelings and emotions

* * * * * * * * * * *

IDEAL ADOLESCENT (BY PARENTS)

considerate
honest
respectful
cooperative
conscientious
tidy
loves chores
loves picking up after self
disciplined
feels good about self
works to capacity
cheerful
gets out of bed
sharing
goes to bed on time
automatic timer for TV
dislikes TV
would rather read than goof off
physically fit
likes soft music
affectionate
respectful of property and people
tolerant

IDEAL ADOLESCENT (BY ADOLESCENTS)

nice
smart
popular
pretty
talented
has goals
not too conceited
witty
no fighting
athletic ability
rich
good grammar
good dress
good grades
good attitude
doesn't lie
active in school
reads
grown-up
mature
doesn't smoke
choosy about boy friends
an individualist

good cook
willing to think
willing to risk
willing to grow
not too compliant
responsible for own actions
makes own decisions (peer pressure)
willing to listen
willing to admit when wrong
handles money wisely
finish what they start
sense of family unity

be loving and giving
doesn't criticize people
doesn't whine or beg
comes home when told

The lists from the different demonstration sites were quite similar except for the responses from the participants at the big sisters program. Since most of the adult participants were big sisters and not parents, they had less specific expectations of the adolescents and were less emotionally invested. These younger adolescents wanted more attention,and respect rather than privileges. They seemed to be emotionally needier which may have been a reflection of their life situation.

"REAL" VS. IDEAL IMAGES

The parents tended to expect a lot of themselves and their adolescent. Their criteria for an "ideal" parent were very global and perfection-oriented. Some of the adolescents commented that the parents were really hard on themselves, "they think that they have to be perfect. I don't think I could ever be a good parent if that's what I have to do." The parents wanted to protect their adolescent from the hurts they had experienced and some remembered their adolescence as a hard time, "I struggled so hard and no one ever gave me any credit."

They had a hard time, however, giving positive feedback and recognition to their own adolescent. The adolescents said they often experienced their parents' protection and control as mistrust in their own abilities rather than concern for their welfare and growth. Many of the adolescents were fascinated by their parents' sharing and were verbally appreciative of parents' letting them know the broader picture, "Boy, just to know that my parents are human and have made mistakes, too, that would be something."

Areas of Parent-Adolescent Conflict

NEED TO SHARE DECISION-MAKING PROCESS

The case studies of typical parent-adolescent conflicts provoked some spirited discussions that revealed a lot of prior censorship and second guessing on the part of both the parents and the adolescents. Although most could fairly well predict what the parent or adolescent would probably do or say in the hypothetical situation, they were much less clear about the decision-making process that went on up to that point. The adolescents needed to hear what factors the parents had weighed before reaching a decision. This element is absolutely crucial in adolescents learning the process of making a decision. The adolescents also felt that the parents' decisions were less arbitrary if they could understand what contributed to that particular decision.

NEED FOR NEGOTIATION

A number of parents felt that their adolescent would not respect their authority or would feel they could manipulate them if they shared the doubts and concerns they had when making a decision. The parents were somewhat surprised by the adolescents' interest in their opinions and values. They also needed to hear how the adolescents reasoned things out. Often parents were more concerned about controlling behavior than exploring options. When they were less judgmental and more open to give and take discussions, the adolescents more actively sought their advice.

Many of the adolescents said that they would be more willing to communicate with their parents if they felt that disagreements were negotiable. For instance, if they were out and wanted to stay later, they would be more willing to call their parents if the issue could be negotiated. If they knew that their parents would tell them to come home immediately if they called, they would rather not call at all, but take the consequences of staying out late.

PROS AND CONS OF ADOLESCENT SEXUALITY

When discussing the pros and cons of adolescent sexuality, the parents were impressed with the adolescents' recognition of the negative aspects of sexual involvement. The parents had felt that the adolescents couldn't understand the pitfalls of early sexual involvement. The adolescents were saying that every adolescent is an individual, but that it is hard to say "no" without feeling pressured, hurting someone's feelings or feeling that you might lose your partner. Other pros and cons given by the adolescents included:

Pros

- brings you closer
- security
- ease the peer pressure
- physical affection and closeness
- expression of love
- see what "it" is like
- physical need
- gain experience
- feels like you are growing up
- popularity
- elevate yourself to "stud"
- feels good
- keep partner

Cons

- bad reputation
- pregnancy, VD
- feeling guilty
- disappointed with the experience
- cynical about sex
- parents' disapproval
- getting caught
- emotionally hurt
- emotionally not ready
- rumors
- pressure to marry
- immoral self-image
- woman appears "loose" or "easy"
- parenting
- narrowing yourself to a partner/ narrowing relationship to sex

As with the adolescent model, some of these adolescent participants were sexually active and some were not, but most were concerned about the pros and cons of sexual involvement and its impact on their lives.

PARENTS AS SEX EDUCATORS

When discussing what adolescents would really like to know about sex and what parents should tell their adolescent about sex, it was obvious that the adolescents were much more focused on the emotional aspects of sex:

1) what to do with sexual feelings
2) how to say no and have fun
3) how to know when you are ready for sex
4) how to talk honestly about sex to friends
5) how to be safe
6) how to use birth control without feeling guilty
7) how to know what normal sex is
8) how to deal with scary aspects of sex that media presents -- rape, prostitution, child molestation, transsexuals, homosexuality, etc.

The adolescents preferred to keep their own sexual behavior private, but did want to talk with their parents about the relationship issues involved with sex. They wanted to use their parents as a sounding board for their feelings and decisions.

The parents tended to feel that they should be sex education experts conversant in all aspects of sexuality. Parents, for the most part, felt comfortable dealing with non-genital health information (i.e., menstruation, pregnancy) but not with sexual functioning or the emotional aspects of sex.

The adolescents wanted to know more about their parents as people -- their adolescent years, dating relationships, and sexual behavior. It was important for parents to hear that their years of experience dealing with sexuality in interpersonal relationships could be of use in communicating with and educating their adolescent about sexuality. Parents and adolescents, male and females, seemed to expand their concepts of sexuality and sex education from these exchanges. Further discussion of the participants' reaction to and evaluation of the parent-adolescent program is presented in the evaluation section in Chapter 8.

CHAPTER 6

REFERENCE NOTES

1. Kantner, J. and M. Zelnik, "Unprotected Intercourse Among Unwed Teenagers", Family Planning Perspectives, January/February, 1975.

   ------, "Sexual Experience of Young Unmarried Women in the United States", Family Planning Perspectives, October, 1972.

2. Sorenson, Robert C., Adolescent Sexuality in Contemporary America, World Publishing Co., New York, 1973.

3. Institute for Family Research and Education, Community Family Life Education Program for Parents, 1977, Appendix III.

4. Gordon, Sol, "Putting Sex Education Back in the Home", Good Housekeeping, October, 1977.

Curriculum for the Parent-Adolescent Program

The curriculum for the parent-adolescent program was designed in three two-hour segments. The segments can be combined for longer time frames, but the participants' attention span and level of participation were best with a two-hour session. The sequence of the sessions should be followed as much as possible since some activities build on previous ones. As with the adolescent program, the sessions could be extended if the group wants to explore a particular topic in greater depth.

The curriculum presented is in a ready-to-use format for the group leader. It is assumed that this curriculum will serve only as a base and that the needs and interests of each group will require adjustments. Each session's activities are divided into three parts: 1) objectives, 2) procedures, and 3) process points. The objectives state the overall purpose for the activity. The procedure explains step-by-step how to present the particular activity. The process points are guidelines for discussing the activity. The group may spontaneously cover most of the process points or questions. In that case, it is not necessary to formally cover those points. The approximate time and materials needed for each activity are listed in the far left and far right columns of the curriculum format.

A fuller discussion of why specific activities were selected and suggestions for group leaders when presenting each activity are presented immediately following the curriculum design in this chapter. These session-by-session tips are based upon our experience demonstrating this curriculum. Included are suggestions for alterations or substitutions in the curriculum that would be more appropriate for particular types of groups.

Educational aids and multi-media materials used in the curriculum are discussed in Chapter 5 immediately preceding this chapter. Leader's guides to presenting the factual information, detailed instructions for specific games and activities and cost and purchasing information for the films are included in that chapter. There are also guidelines for developing a resource and referral booklet for adolescent services in your community and an example of a format that can be used for the booklet.

MODEL SEX EDUCATION PROGRAM FOR PARENTS AND ADOLESCENTS

Unit Concept:

To facilitate parent-adolescent understanding of their expectations of each other and how these expectations influence their communication about sexuality.

Objectives:

1. Explores the similarities and differences in parent-adolescent roles.
   a. Identifies the similarities and differences within parent and adolescent roles.
   b. Recognizes the advantages and disadvantages of being an adolescent or a parent.
   c. Discusses the range of behavior within parent and adolescent roles.
   d. Discusses the effects of role stereotypes on parent-adolescent relationships.
   e. Validates each role as unique and important.

2. Understands the role of sexuality in adolescent growth and development.
   a. Identifies similarities and differences between parents' and adolescents' values toward adolescent sexuality.
   b. Discusses barriers to communicating about sexual feelings and behavior for adolescents and their parents.
   c. Discusses the advantages and disadvantages of pre-marital sex.
   d. Discusses the impact of adolescent sexuality on parents/adults.
   e. Identifies educational needs of adolescents in the area of sexuality.

3. Understands basic sexual functioning
   a. Identifies five major changes that occur physically and emotionally during puberty.
   b. Identifies common sexual myths.
   c. Discusses alternatives to intercourse.
   d. Recognizes personal values about adolescent sexuality.

4. Understands how differences in values affect decision-making
   a. Identifies similarities and differences in the values and decision-making processes of parents and adolescents.
   b. Identifies blocks to communication between parents and adolescents.
   c. Discusses the impact of parents' behavior on how adolescents perceive their parents.
   d. Discusses the impact of parents as role models.

5. Understands the similarities and differences in male and female roles during adolescence
   a. Discusses the effects of role stereotypes on male-female relationships.
   b. Discusses the impact of peer pressure on behavior.

6. Understands the role of self-esteem in parent-adolescent relationships.
   a. Identifies personal attitudes and values.
   b. Recognizes the similarities and differences between personal values system and that of others.

c. Discusses positive qualities of self and others.
d. Practices cooperation in group activities.

CURRICULUM FOR PARENT-ADOLESCENT PROGRAM

TIME	ACTIVITY	MATERIALS
	SESSION 1 - Parent-Teen Communication	
10 minutes	Introduction Overview of model Climate setting - everyone is free to say anything or ask any questions; no one has to say anything or answer a question; nothing that is talked about in the group may be discussed outside the group to insure confidentiality.	
15 minutes	People Hunt or Guess Who Exercise or can use Expanded Name Tags Exercise (see Teen Curriculum for instructions) Objectives: 1. To create sense of group. 2. To establish comfort level. 3. To introduce group members to each other. Procedure: 1. Leader hands out 3X5 index cards and pens to all participants. 2. Leader instructs participants to write down something about themselves that other people wouldn't know just by looking at them. It should be something that isn't a secret and that would be okay for someone else to know. For example, a talent, something they've done in their life, an interest. Do not write name on card. 3. Leader collects cards, shuffles cards and gives a card to each person. 4. Leader gives the following instructions: "We're going to give each of you a card with a statement on it. We'd like you to go around the room, introducing yourself to other people, and see if they are the person whose card you have. When you've found that person, give him/her their card. You can either sit down and wait for the others	3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS
	or you can hook up with that person and help him/her find the person who matches his/her card." 5. Once everyone has matched the card to the person, leader reconvenes large group. Leader then goes around group and asks everyone to read their card. Process points: 1. How did you decide what to put down on your card? 2. Were you surprised by any of the statements? 3. How did it feel to introduce yourself and to talk with people you didn't know?	
20 minutes	"Ideal" Teen and "Ideal" Parent - brainstorm/discussion Objectives: 1. To identify parent and teen stereotypes that are common in our culture. 2. To recognize that ideals are not always achieveable. Procedure: 1. Leader separates the group into two smaller groups - one group of teens and one group of parents. 2. Leader gives each group a large piece of butcher paper and asks the teens to describe the qualities of the "ideal" parent and asks the parents to describe the qualities of the "ideal" teen. 3. After brainstorming, each group puts their responses on butcher paper and the leader posts the two lists. 4. Discuss lists in large group. Process points: 1. How were the qualities similar or different for parents and teens?	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	2. How do people decide what's "ideal"? What influences their decisions? 3. Emphasize that most of us do not act like the "ideal", yet put ourselves or the other person down for not acting that way.	
40 minutes	Parent-Teen Communication - vignettes/discussion Objectives: 1. To identify similarities and differences in the values and decision-making processes of parents and teens. 2. To identify blocks to communication between parents and teens. 3. To recognize each role as unique and important. Procedure: 1. Leader divides group into two smaller groups; one of parents and one of teens. 2. Leader gives each group a card with a common parent-teen conflict written on it. Instructs the group to read the card aloud and to discuss the following issues: a) Parent group - decide as a group what you would say or do as a parent in this situation and what you think the teen in this situation would want you to say or do. b) Teen group - decide as a group what you think the parent in this situation will say or do and what you would like them to say or do. 3. Large group discussion of responses. 4. Repeat the process with additional case studies. Case Studies: 1. You're watching T.V. and you notice your teenage son/daughter leaving the house dressed in a way in which you don't approve. What do you do?	Case studies on cards (enough sets for size of group)

TIME	ACTIVITY	MATERIALS
	2. You've been invited to a party with a group of your friends from school that you know your parents don't like. You really want to go. What do you do? 3. You're putting away your son/daughter's clothes and find some rubbers/birth control pills well-hidden in the drawer. What do you do? 4. You've agreed to be home at a certain time. You come home two hours late. What happens?	
	Process points: 1. What were the similarities and differences between the responses of the parents and those of the teens to the case studies? 2. What went into making your decision (i.e., could you understand the other person's viewpoint? how a parent's own upbringing can affect their decisions as parents? how teens might do things differently with their own children?) 3. How would this situation be handled differently at your home? 4. What kinds of things get in the way of parents and teens talking about these issues? 5. Point out that both parents and teens struggle with setting limits and letting go (the balance between trust, responsibility and freedom). 6. Emphasize that there are no right answers. What works in your family is what's important.	
20 minutes	Advantages and Disadvantages of Being a Parent or a Teen - brainstorm/discussion	Butcher paper Felt pens Tape
	Objectives: 1. To explore the advantages and disadvantages of being a parent or a teen. 2. To identify the similarities and differences within parent and teen roles. 3. To define the range of behavior within parent and teen roles.	
	Procedure: 1. Leader asks participants to brainstorm as many advantages and disadvantages	

TIME	ACTIVITY	MATERIALS
	as possible of being a parent or being a teen. 2. Leader asks for a volunteer to list the responses on butcher paper. 3. Discuss responses in large group. Process points: 1. Compare and contrast the lists for parents and teens. 2. Do you view any of the advantages as disadvantages for either list? Vice-versa? 3. How do our ideas about being a parent or a teen effect how we behave in parent-teen relationships? 4. How have your "ideal" images of a parent or a teen effected the way you relate to: a) parents of other teens? b) teens of other parents?	

TIME	ACTIVITY	MATERIALS
	SESSION 2 - Values and Decisions About Sex	
5 minutes	Warm-Up - Quote without comment	
	Objectives:	
	1. To re-establish group climate. 2. To elicit feedback.	
	Procedure:	
	1. Leader goes around the group and asks each participant to say one thing they liked and one thing they didn't like about last week's session or asks participants to share anything that they've thought about during the week that relates to last week's session.	

TIME	ACTIVITY	MATERIALS
20 minutes	Forced Choice - group exercise Objectives: 1. To experience choosing in an either-or situation. 2. To recognize that different people can make the same choice for different reasons. Procedure: 1. Leader asks participants to stand so that there is a wide path from one side of the room to the other. 2. Leader then asks an either-or question like: "Would you rather be a Volkswagen or a Cadillac?" 3. Leader indicates by pointing that those who identify more with Volkswagens are to go to one side of the room and those who identify more with Cadillacs are to go to the other. 4. Leader then asks participants on each side to share some of the reasons for their choice. If anyone is standing alone or just with a few people, ask how it feels to be in the minority. 5. Everyone returns to center of room. Then the leader gives another either-or forced choice. Questions: 1. Would you rather: a) Have your mother buy all of your clothes at any time, but only ones she likes, or b) Get a clothing allowance of half as much, but you have approval of choices? 2. Would you rather: a) Have to be home by 9:00 P.M. on Friday nights and 11:00 P.M. on Saturday nights, or	

TIME	ACTIVITY	MATERIALS
	b) Have to be home by 10:00 P.M. on both Friday and Saturday nights? 3. If you are doing this exercise with older teenagers and their parents, here are some other examples of forced-choice items: Would you rather: a) Be a hammer/be a nail? b) Live alone all your life/live in a commune? c) Choose a life partner at 18/remain single for life? d) All teenagers have sex/no teenagers have sex? e) Have an unwanted child/have an illegal abortion? f) Be a parent at 16/never have children? Process points: 1. What kinds of things did you consider when making your choice? 2. How does it feel to have only two choices? Point out that sometimes people are faced with two very difficult choices and may not feel that they have any in-between alternatives. 3. Did you notice any differences between parent's and teen's choices? If so, what? 4. Emphasize that different people may make the same choice for different reasons.	
30 minutes	Decision-Making Exercise - small groups Objectives: 1. To identify major factors that influence decisions. 2. To recognize personal decision-making style. 3. To explore similarities and differences in decision-making styles.	5 X 7 cards Pens

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Leader asks participants to think of a decision that they've made in the last year or so. It doesn't have to be a major decision. Leader instructs them to write that decision on their cards. Possible decisions could be: What to do for the weekend. How to pick a friend. Changing schools. Buying a car. Changing jobs. Dieting/physical exercise. Picking a career. 2. Leader asks the group to think for a few minutes and to consider all the factors or things that went into that decision. How did you make the decision? Who or what influenced you? Consider all the factors involved - other people, practical considerations, fantasies, personal needs or goals, status needs, "shoulds," and so forth. Then list the ten things that were most important to you when making that decision. 3. Look at your list and rank these factors in order of importance ("1" = most important to "10" = least important). In thinking about the factors that were important to you, remember to pay attention to your own personal values and standards. Don't worry about how someone else might make the decision or what you think you "should" do. 4. Leader divides the group into small groups of 4 with parents and teens together. Ask participants to share something about their decision-making process, perhaps 2 or 3 of the factors that were most important to their decision. Discuss in small groups: 1) How is your decision-making process similar or different to others in your group? 2) As you look back on how you feel about that decision, how do you feel about your approach to making decisions?	

TIME	ACTIVITY	MATERIALS
	Process points: 1. Were you surprised by anything in your decision-making process? 2. What kinds of things help you make difficult decisions? block you? 3. What, if any, were the differences between the teen and parent/adult's decision-making processes? 4. Emphasize individual differences in decision-making and understanding how these differences effect what decision is made. 5. What makes it harder to make decisions about sex?	
30 minutes	"Are We Still Going to the Movies?" - film/discussion Objectives: 1. To illustrate the "real-life" issues of decisions about sex. 2. To provide an example of male-female interaction in an intimate relationship. 3. To recognize the impact of sexuality on male-female relationships. 4. To discuss the effects of role stereotypes on male-female relationships. 5. To identify the blocks to discussing decisions about sex in a male-female relationship. 6. To identify the effect of peer pressure on behavior. 7. To discuss alternative ways of handling sexual situations. Procedure: 1. Leader instructs group that they will be seeing a film that shows a situation that may be very similar or different from what they have directly or indirectly experienced. 2. Participants are asked to pay attention to the male-female relationship in the film and to pay particular attention to the person of their own sex in the film. 3. Leader shows film and then group discusses their responses to the film.	Movie 16 mm film projector

TIME	ACTIVITY	MATERIALS
	Process points: 1. What did you think of the relationship in this film? 2. How could each of them be clearer about what they want from each other? 3. What gets in the way of talking to a boyfriend/girlfriend about sexual issues? What would help you talk? 4. Why is it hard to say "no" in these sexual situations? 5. Point out that there are pressures o teens to be sexual and that deciding not to have sex is a valid decision, but she/he may feel uncomfortable because "everyone else is doing it." 6. What if one person in the relationship doesn't want sexual involvement and the other does? 7. How come sexual experiences don't always turn out well, what goes wrong? 8. How do our expectations of the opposite sex effect how we behave in male-female relationships? 9. If you were to re-write the script for the picnic in the film, what would you change? 10. How would the situation in the film be similar or different for an adult?	
15 minutes	Pros and Cons of Teenage Sex - brainstorm/discussion Objectives: 1. To discuss the pros and cons of teenage sex. 2. To identify similarities and differences within parent and teen's attitudes toward teenage sex. Procedure: 1. Leader divides the group into one smaller group of teens and one of parents. 2. Leader instructs each group to brainstorm all the advantages and disadvantages of teenage sex. 3. Each group lists their responses on a large piece of butcher paper.	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	4. Leader puts up the lists from both groups. 5. Compare, contrast and discuss the responses in the large group. Process points: 1. Are the pros and cons different for parents and teens? If so, why? 2. How do you know when you're ready for sex? 3. What do parents and teens see as alternatives to sex? How do these differ? 4. What is the effect on peer pressure on having sex?	

TIME	ACTIVITY	MATERIALS
	SESSION 3 - The Facts of Life for Teenagers and Parents	
20 minutes	The Physical and Emotional Changes During Puberty - brainstorm/discussion	Butcher paper Felt pens Tape 3 X 5 cards Pens
	Objectives:	
	1. To identify the changes that occur during puberty for males and females.	
	2. To recognize that everyone experiences physical and emotional changes during puberty, but at different rates and in varying degrees.	
	Procedure:	
	1. Leader hands out 3 X 5 cards and pens and asks participants to write on their card if they're male or female and an adult or teen.	
	2. Leader instructs parents to close their eyes and remember back to age 14 or 15. "Imagine you're looking in the mirror when you were that age. What do you see in the mirror? What are one or two words that would describe how you looked? How did you dress? What do you wish you had looked like?"	
	3. Leader asks parents and teens to list 3 physical and 3 emotional changes that they remember experiencing or are experiencing during adolescence.	
	4. Leader collects cards.	
	5. Leader lists parent's responses on one sheet of butcher paper and teens'	

TIME	ACTIVITY	MATERIALS
	responses on another. 6. Group discusses lists. Process points: 1. How old are people when they enter puberty? 2. How do you know when puberty is over? 3. As adults was it difficult to remember those changes? Why is it so difficult to remember? Parents sometimes forget the emotions that go along with body changes during puberty. 4. Was it harder to talk about bodies or feelings? 5. Point out that everyone goes through puberty, but at different ages and rates. Point out that young people are starting puberty at earlier ages than in previous generations.. 6. Emphasize that many parents stop hugging or touching their children once they're teenagers because of sexual feelings. Point out that all people need body contact and touching regardless of age and that many teens are seeking this contact in their sexual relationships.	
45 minutes	Common Sexual and Health Myths - game Objectives: 1. To inform teens and parents of their own level of sexuality and health information. 2. To identify and to dispel common sexuality and health myths. 3. To give the leader(s) a rough measure of the participants' level of sexual knowledge. Procedure: 1. Form teams of 4-6 people. Teens should be on the same teams and parents on	Sexuality and health myths on cards (enough sets for size of group) Leader's Guide

TIME	ACTIVITY	MATERIALS
	the other team. If the teams are mixed with parents and teens, those from the same family should not be on the same team. Hand out set of myth/information cards to each small group. 2. Each player reads aloud a card that contains a statement which is either true or a myth. The group then decides whether the statement is true or a myth. If there is disagreement or people don't know, then the card is put into "undecided" pile. The process continues until all group members have had their turns and the group's pile is exhausted. It helps for each group to put each pile of cards into an envelope that corresponds to that pile: "true", "false" and "undecided". 3. Leader has each small group read off myths. 4. Leader collects the "undecided" piles and then reads aloud those questions together with their answers and explanations. 5. If there is time, leader answers and explains other questions which anyone wanted to know about.	
	Process points:	
	1. Point out that some of the statements are value choices and some have no correct answers since there isn't enough accurate information as yet. 2. What process did you use in your small groups to decide about particular statements? 3. How much of this information has changed since you were a teen? (for the parents). 4. Was it difficult to talk about these issues with your parent or teen present?	
30 minutes	Teach Us What We Want To Know - group exercise	
	Objectives:	
	1. To identify what teens would like to know about sex. 2. To identify what parents think teens need to know about sex. 3. To explore similarities and differences between teens' and parents'	

TIME	ACTIVITY	MATERIALS
	perceptions of appropriate sex education. Procedure: 1. Leader separates the group into two smaller groups - one group of teens and one group of parents. 2. Leader gives each group a large piece of butcher paper and asks the teens to list "the 10 most important things that they think teens want or need to know about sex" and asks the parents/adults to list "the 10 most important things that they think they should tell their teen about sex". 3. One leader works with the teen group and the other leader with the adult group. After discussion within the small group, each group puts their responses on butcher paper and the leader posts the two lists. 4. Compare and contrast the lists in large group. Process points: 1. How similar or different are the lists? Point out examples from the lists that highlight areas of agreement and disagreement. 2. Are there things on the lists that parents would not feel comfortable discussing with their teen? teen with their parent? 3. What kinds of things block such discussions between parents and teens? 4. What would help teens talk with their parents about sex? help parents?	
10 minutes	Self-Esteem Cards - group exercise Objectives: 1. To recognize positive qualities of self and others. 2. To conclude the program on a positive note.	5 X 7 cards Pens

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Leader introduces this exercise by saying, "This exercise is a way to say good things to people. Often we don't tell people the things we really like about them or we don't even think about what we like in people. We've spent 10 hours together and a lot of great things have happened. Each of you will go home with a card filled with good things about you. The way we do it is that we will each put our name on top of a card. After we've shuffled all the cards, I'll hand them back. Each time you get a card, you are to think about that person and to write down the best thing about that person. If for some reason you can't say anything nice about a person, don't write anything on their card because this card is only a "feeling good" card. 2. Leader instructs each group member to write his/her name at the top of a card. 3. Leader collects cards. 4. Cards are passed around the group and each person writes down the best thing they can think of about each person on that person's card. 5. After all the cards are completed, each person gets their own card back at the end of the group.	
10 minutes	Wrap-Up and Evaluation	

Parent-Adolescent Model: Rationale and Suggestions

SESSION 1 - PARENT-ADOLESCENT COMMUNICATION

Introduction

In addition to welcoming people, establishing group climate and setting groundrules, it is very important for the leaders to deal with the participants' expectations of the program. Be aware that you are dealing with a varied age group and that both the teens and the adults need to feel included. Be sure to make it clear that the group will deal with common concerns and issues between parents and adolescents, but that the group is not problem or therapy-oriented.

The leaders need to introduce themselves in a somewhat personal light -- why they're involved in sex education, something about their family, whatever, to set the tone for people to share. The leaders also need to acknowledge that having parents and adolescents together for a sex education program is probably a new experience and that some participants may feel awkward or shy until they feel comfortable with the group.

PEOPLE HUNT - or you can use Expanded Name Tags (please see Teen Curriculum for explanation and instructions.)

"IDEAL" TEEN AND "IDEAL" PARENT

Rationale:

Parents and adolescents frequently have difficulty seeing each other as individuals rather than the role of "parent" or "child". Since it is hard for many parents and adolescents to communicate effectively about their expectations of each other, it is less threatening to start with an exercise that focuses on the "ideal" and the pressures that result from differences between the "real" and "ideal" images of parents and adolescents.

Suggestions:

It helps to have one leader work with the adolescent group and one with the parent group to facilitate getting thoughts on paper. The leader may need to draw the teens out and to restate instructions so they'll understand the issue. To make sure that the more aggressive teens do not dominate or intimidate those with different, perhaps old-fashioned or traditional ideas, the leader needs to encourage each adolescent to give input for the list, i.e. "Pete, what else should be added to the list?" or "Sally, does the list cover the points you wanted included?" Make sure that the person listing the responses in each group does not censure statements made by others.

Parents may be slow to start the exercise. Once they are into it, they may become very involved in group discussions and the leader may be needed to facilitate the discussion. During the large group discussion, it is important that the leader emphasizes that both parents and adolescents are individuals and human. If the parents' list is too judgmental, the adolescents may feel put down or unwilling to share their opinions. It helps to ask the adolescents what kinds of things they would want to do or be if they were a parent. The leader needs to effect a good balance between the adolescents' and parents' perspectives.

PARENT-TEEN COMMUNICATION

Rationale:

During the adolescent years, most young people are developing their own value systems and testing the similarities and differences in their values with those of their parents and family. This activity separates the adults and adolescents and allows each group to consider typical conflicts that arise between parents and adolescents. Each group has the opportunity to anticipate how they think the other group will respond as well as how they would like them to respond in these specific situations.

By working with their own groups and then discussing the situations in the whole group, both the teens and the parents are exposed to their peers' viewpoints and to a variety of perspectives regarding the particular issues. Hopefully, they are better able to appreciate similarities and differences within the perspectives of parents and adolescents. These case situations offer an excellent opportunity for role playing and role reversals if the group is comfortable enough.

Suggestions:

This is an excellent exercise to involve all participants in problem-solving. Try doing one case situation in separate groups and then present the second situation in one big group. One leader should work with the adolescents and one with the parents to help facilitate group discussion. Have the group decide on a group response, but when reporting the group's decision, leave room for alternative opinions. Appoint a different person to report on the group's decision for each vignette rather than having the leader interpret the group's responses.

Adolescents and parents are often listening to each other with one ear while in their separate groups. As they discuss a made-up vignette, group members will often bring up a real-life incident, i.e., a car accident, a conflict over a second pierced earring, a pregnant school friend. Be careful if the discussion goes into someone's real problems that it does not take over the evening's agenda.

After an appropriate amount of time is spent, suggest that people can give more ideas at the break. People sometimes come in great need. The vignettes give people permission to share and as long as everyone is included and interested, fine. Participants can get annoyed, however, if they feel someone is getting more than their fair share.

A sign of trust within the group and with the leaders is when people can feel free to share real concerns. If a number of people have similar problems, then go with the real rather than the fabricated. During a break in one group, one parent was concerned about her children sharing the phone. She wondered whether she should get a separate phone. Other parents and teens shared the way their family was handling the situation. The discussion went further than the phone per se to the value of sharing.

ADVANTAGES AND DISADVANTAGES OF BEING A PARENT OR AN ADOLESCENT

Rationale

To further appreciate how adolescents and parents need to work together to create a healthy family environment, it is useful to focus on the factors that are common and unique to each role. This is a good time to discuss approaches that allow for growth and differences, but not at the expense of each other.

Suggestions:

This topic can also be handled as a process point during the "Ideal" Parent/ Teen exercise instead of as a separate activity.

After identifying the advantages and disadvantages, it is valuable to explore ways of lessening the disadvantages. One disadvantage of being an adolescent is peer pressure; one disadvantage of being a parent is not knowing when to let go. It felt superficial just to list disadvantages and not to explore ideas and ways to alleviate the stress and strain adults and adolescents feel.

SESSION 2 - VALUES AND DECISIONS ABOUT SEX

FORCED CHOICE

Rationale:

Please see explanation in Teen Curriculum.

Suggestions:

It is important to establish some level of trust before doing this exercise. Acknowledge that it is difficult and somewhat unreal to choose between only two choices, particularly extreme ones. The side that they choose may not be something they would choose in real life. If given these two choices right now, choose based upon their gut-level feeling.

Anyone may choose not to participate. Be sure to differentiate between those who are choosing not to participate and those who can't make a decision. Point out the similarities and differences in the adolescents' and parents' reasoning and choices.

DECISION-MAKING EXERCISE

Rationale:

The process of making a decision is as important as the decision itself. Parents and adolescents can appreciate each other's perspective more if they can understand what is important to the other person when making decisions. For instance, a parent's statement to their adolescent, "I don't trust you, so you can't go to the party," may actually mean "I'm worried that you'll get hurt or fear for your safety; I'm not sure what your friend's parents think about drinking, drugs or sex; I wonder if you're ready for a male-female relationship; and I don't want to prevent you from having fun." A teen's retort "You never understand anything I say" may translate to "Please treat me as an individual; I need more attention from you; I need your trust and support until I prove otherwise; can't we talk about these issues in a different way?"

This exercise is an excellent opportunity for parents and teens to focus on their own style of making decisions and to appreciate what other people value when making decisions.

Suggestions:

Be sure to provide examples of decisions that would be relevant for teenagers and parents. It also helps to outline not only the main factors but also what steps are involved in each person's decision. It can be interesting to compare people's decisions in concrete areas with their decisions in interpersonal areas, particularly sexuality and relationships.

"ARE WE STILL GOING TO THE MOVIES?"

Rationale:

See explanation in Teen Curriculum.

Suggestions:

Be sure to draw out parents and ask them how this dating situation compares to their adolescence and how their peers dealt with decisions about sex as adolescents. The discussions around the issues in this film have been both lively and controversial. The leader needs to be careful not to be perceived as an advocate of premarital sex. Be sure to mention that not all people are ready for sex and that each person's own values and upbringing are important in making that decision. It also helps to emphasize that deciding about sex is not a one-time decision, but a situation that most teens will have to deal with on an ongoing basis. The question is not just whether or not to have sex, but what happens after you have sex or if you decide to wait until later.

PROS AND CONS OF TEENAGE SEX

Rationale:

This activity is an opportunity for parents and adolescents to discuss the broader implications of sexual involvement beyond crisis outcomes such as VD and pregnancy. It's an excellent way for parents to see that adolescents can recognize the drawbacks as well as the advantages to sexual activity and for adolescents to recognize that parents' worries are based on genuine concern for their adolescent.

Suggestions:

Leader may need to encourage adolescents to list all the possible pros and cons they've heard around school and from friends. Some adolescents are afraid to "own" certain viewpoints in front of parents. It helps to ask parents whether the pros and cons were different during their adolescence.

SESSION 3 - THE FACTS OF LIFE FOR ADOLESCENTS AND PARENTS

THE PHYSICAL AND EMOTIONAL CHANGES DURING PUBERTY

Rationale:

All people experience puberty, albeit at different rates and in different ways. This exercise helps parents and adolescents recognize an area of common experience and can make it easier for them to discuss concerns related to puberty. It is also an opportunity for the adolescents to hear that their parents did not spring full-blown into adulthood, but experienced similar growing pains.

Suggestions:

The leader needs to make a connection between the parents' experiences during puberty and those of the adolescents. Parents are often freer to talk about physical and emotional changes of puberty because of their personal distance from the issue. Perhaps if we asked about sagging bodies vs. budding bodies, they would feel the same level of discomfort as the adolescents. The adolescents may need some time separately to discuss puberty. In some situations, the parents dominate the discussion and the adolescents clam up.

COMMON SEXUAL AND HEALTH MYTHS

Rationale:

See explanation in Teen Curriculum.

Suggestions:

It is very important to reiterate that many of the myth cards are value statements and are neither wrong nor right. The leader may need to present a more balanced view or to take a minority position, i.e. "There are some of us that for religious beliefs feel that masturbation is wrong...", etc. Some parents may not feel comfortable admitting they lack correct information. Some adolescents may not understand the vocabulary. Be sure to explain words or clarify questions as appropriate. Acknowledge that the parents and adolescents' comfort level may differ on some of the issues.

TEACH US WHAT WE WANT TO KNOW

Rationale:

There are many assumptions about adolescents' interest in or readiness for sex education. Very few adults actually ask adolescents what they want to know about sex and are often surprised by adolescents' interest in the emotional aspects of sex. This activity allows adolescents to identify their major areas of need and for parents to acknowledge their role as sex educator. This exercise can provide the groundwork for continuing discussions at home.

Suggestions:

One leader should work with the adolescent group and one with the parent group to facilitate discussion and to make sure that all participants' ideas are accommodated. Be sure to highlight those areas where parents could be effective sex educators and encourage specific suggestions by adolescents and parents for improving their communication about sexual issues.

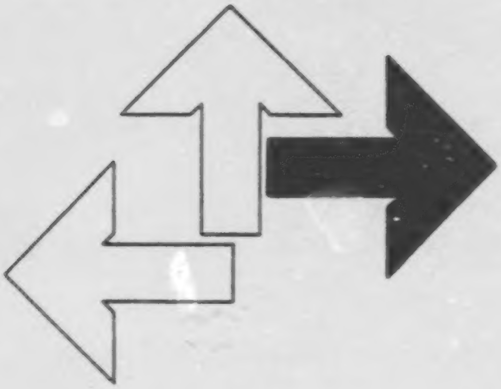
SELF-ESTEEM CARDS

Rationale:

See explanation in Teen Curriculum.

Suggestions:

This exercise can be done differently. Instead of each person writing on every other person's card, the parent can write "the thing they like best about their adolescent" and the adolescent can write "the thing they like best about their parent" on a card and then exchange cards.



Chapter 7: Staff Training

Staff Training

After demonstrating the adolescent and the parent-adolescent programs at each of the demonstration sites, the project staff met with the staff observers to discuss their evaluation of the program and to assess their needs for training.

Based upon their input, a training curriculum was developed that would enable the youth leaders from the demonstration sites to deliver the educational models and to communicate more effectively about sexuality with adolescents and their parents.

It was assumed that the trainees were already somewhat knowledgeable about working with adolescents in group settings. Additional sessions on adolescent dynamics and group work would be needed if that were not the case. The training design was reviewed and approved by the staff observers. The training program consisted of eight 3-hour sessions and took place over a six-week period. Some of the sessions were combined into all-day sessions, but that proved to be a learning over-load according to many of the trainees.

Developing Training

The training was also offered to staff from other youth-serving agencies in Alameda County. Several agencies originally had expressed an interest in participating in the project, but were unable to do so because of insufficient staff time or brief or sporadic participation of adolescents in their programs. By preparing their staffs to work with adolescents and parents in the area of sexuality and health, it was felt that some of these youth agencies might be able to include this type of program as part of their regular services.

Accordingly, letters were sent to over 65 youth-serving agencies in Alameda County, briefly explaining the project and inviting them to participate in the training program (see Appendix A for sample letter). Once these agencies returned a brief questionnaire describing their services to adolescents and/or parents, their staffing data and where sex education would fit in their on-going programs, agencies were selected who would utilize the training the most and who expressed a willingness to include parts of the educational models in their services to adolescents and/or parents (see Appendix B for sample questionnaire).

The agencies' reponse to this offer was quite overwhelming and it was not possible to accommodate all who wanted to participate. Some of the agencies wanted to send 5-10 staff, but this was impossible because of the limited number of spots available in the training program. Because of the group activities and interaction planned for the training, a maximum of 20 or so participants was allowed for each section of the training. Two sections of the training were offered: one section in the southern part of the county and one section in the central part of the county.

Selection of Trainees

Including the staff from the six demonstration sites, 43 participants from 26 different youth agencies throughout the county participated in and completed the training program. There was a wide range of staff from an interesting mix of agencies including health departments; counseling centers; runaway programs; half-way houses; girls' clubs, boys' clubs; scouting organizations; recreation departments; Y.W.C.A. and Y.M.C.A.'s; 4H Clubs; teenage pregnancy programs; homes for unwed mothers; adoption agencies; mental health centers; probation programs; big sister programs; health centers; family planning programs and churches. The participants' background, comfort level, personal values and standards and professional approaches were as diverse as any group could possibly be and this diversity added a richness to the experience for all involved. Personal and professional data on the staff participants are included in Appendix C.

Primary Goals of Training

An important part of the training was increasing the participants' comfort with their own sexuality as well as their effectiveness as a sex education resource. The intention behind the training program was not to train people to be experts in sex education. The goal was to take people who were already working with adolescents and parents in other aspects of their lives and help them to develop the informational resources and communication skills that would sensitize them to the sexual concerns of adolescents and their parents. It was assumed that the participants were already experienced working with adolescents in groups, although this varied widely among the participants.

The secondary goal was to teach an approach to sex education, including specific activities and group techniques, that could be incorporated into their regular programming. In addition to participating in the training sessions, participants were asked to read a variety of materials relating to adolescent sexuality, adolescent growth and development, sexuality and health information for adolescents, parent-adolescent communication, adolescent pregnancy, sex education issues and related concerns. A number of additional resource materials were included in the training packets for future reference.

Response to Training

The reponse to the training was extremely positive with almost full participation at each of the eight three-hour training sessions. The sessions were all conducted during the day with the cooperation and support of all the participating agencies. The extent of the cooperation by the participants' supervisors was indicative of the interest in and need for such a training program.

Many of the trainees initially had mixed feelings about sex education and concerns about their potential effectiveness in the role of a sex education resource. They were worried about negative reactions both from within their agency and from the local community. Common concerns included:

1) Encouraging adolescents to have sex.
2) Promoting casual sex.
3) Sex education causes adolescents to become sexually active
4) or will keep them from being sexually active.
5) Taking over parent's role.
6) Anti-religion and/or amoral values.
7) Communist plot.
8) Being branded as too liberal or over-sexed.
9) Being considered an expert with all the answers.
10) Ruining the morals of the community.
11) Pushing own values.
12) Sex education is a private matter.
13) Adolescents are too young for sex education.
14) Sex education equals sexual intercourse.

Although the trainees differed tremendously in their prior knowledge of and comfort with adolescent sexuality, they were able to work effectively within an activity-based, decision-making model and could utilize each other as additional learning resources. Occasionally there was some difficulty balancing the needs of the trainees from the demonstration sites with those of the other youth staff.

Since the demonstration site staff were expected to replicate the adolescent or the parent-adolescent program at their agency after completing the training, they were understandably more anxious about group leadership techniques. In retrospect, it would have been better to offer at least one separate 3-hour session just for the demonstration site staff who could have used additional time for practice and feedback. It also would have been useful to meet with each trainee individually sometime during the training to discuss their particular learning needs and concerns, but the number of trainees precluded this. Project staff did meet with the demonstration site staff after the training and prior to their replicating the program at their own agency.

The most exciting aspect of the training program was the opportunity for staff from many different fields to share their skills and concerns in the area of adolescent sexuality and to establish linkages that will eventually result in a more comprehensive, community-based approach to sex education.

Summary of Trainees' Evaluation of Training

The overall response to the training program was exceedingly positive. The level of attendance and participation were excellent. Many of the trainees wanted additional training in the future and recommended the training program to other staff and agencies.

Meeting Trainees' Expectations

Practically all the participants felt that the training program met or exceeded their initial expectations. Examples of their comments follows:

- I came away with even more than tools to work with. I think my sensitivities and awareness are heightened. I feel ready to face my next group.
- Yes!! Clarified my own values. . . allowed me to feel what sex and being an adolescent is.
- I expected to get a lot of worthwhile information that I might pass on to adolescents, and I did.
- It gave me some good tools in stimulating discussions in groups. It also provided some good games, techniques and moves to start a group.
- I was very glad that the group leaders designed the training to involve total group response. This helped to create an atmosphere where all could share freely. The many areas of sexuality were covered adequately.
- The training helped me to understand the level that I should approach sex and adolescents.

Highlights of Training for Trainees

The particular highlights of the training varied for different participants. Some learned the most from personal sharing; some from group leadership techniques and others from concrete information and activities. The following responses are representative of the range of comments:

- I enjoyed sharing my own ideas and experiences. Things you don't think about on a day-to-day basis. Just being able to verbalize freely without anyone judging your comments or putting you down.
- Sharing with others the experiences they have had with groups of adolescents, what works, what doesn't. The values clarification benefited me the most.

- I was pleased that the training included more information in dealing with sexuality as part of maturing. It's the first time I've experienced a training that talks about self esteem and decision-making as it related to adolescent sexuality. Too many times we try to isolate sexuality from other aspects of maturation.

- I would say the use of multi-media was the highlight for me. Slides, movies, tape recordings, written literature, in addition to models, plays, etc. All of these make the materials more interesting and easier to comprehend for both adolescents and parents.

- The Plan-a-Fam Game. It was exciting and brought home how real decisions and their repercussions are, how important it is to advise adolescents as to various possible results of their decisions. I also got a lot out of small group discussions where we had to answer adolescent questions as if we were sex educators.

- The use of plastic models in anatomy -- made it seem realistic and cleared up some confusion - better than using textbooks and charts.

- Very useful to gain new techniques -- games that work, etc. Think the games particularly good and applicable.

- I appreciated the relation of sexuality to human values and choices. And I think that such drills where parents put themselves back into their adolescent years will be useful in facilitating family communication, again, not only in sexuality, but in other areas as well.

Meeting Stated Objectives

In assessing how well the training met the stated goals and specified objectives, the participants rated each objective on a scale from "1" = excellent to "5" = poor. No objective was rated lower than 2.1. The majority of objectives were rated between 1.2 - 1.5 on the scale. The specific objectives for the training are listed in the front of the training curriculum in this chapter. A sample of the evaluation questionnaire is included as Appendix E.

Suggestions for Improvement

The participants offered a number of suggestions for changing and improving the training. Many suggested more role playing, small group discussions and practice leading particular exercises and receiving feedback. Some wanted less time spent on group activities and more on reproductive anatomy and physiology. A few people wanted more discussion of non-traditional sexual roles, i.e., bisexuality, homosexuality, group sex and living together outside of marriage and ways of dealing with people's prejudices about alternative lifestyles.

Time pressures, scheduling issues and training aids were of concern. Most preferred the 3-hour rather than the 6-hour sessions and felt that their learning diminished toward the end of the day. Many felt that more time needed to be allotted for various exercises and occasionally felt rushed along, although others felt that large group discussions were sometimes drawn out.

In addition to the agenda that was posted for each training session, several participants wanted their own copy of the curriculum to follow for each session. The trainees were given copies of the training curriculum and exercises at the end of the training, but would have preferred it at the beginning. Having more male participants and male co-leaders were also mentioned as possible improvements for the training as was including adolescents in some part of the training.

Utilizing Skills Back on the Job

The final part of the evaluation dealt with how the trainees would utilize their learning back on the job. Most of the participants felt they had increased their personal comfort with sexuality and felt better prepared to function as a sex education resource. Their increased confidence, sensitivity and competence are reflected in the following comments:

- The training caused me to empathize more with adolescents, since it made me remember how I felt when I was younger. To take their feelings more seriously. Too, I became more sensitive to a parent's point of view. The increased knowledge and communication skills I gained help me to be a better facilitator and resource.

- I feel more confident with the information I present, more confident in how I present it and more comfortable in not being an authority on all topics.

- Some validation of old ideas as well as presenting new ones and increasing my comfort in discussing some sensitive issues.

- An opportunity to hear that many others in this workshop had similar feelings about sexuality, thus enabling me to set these feelings aside and/or use them for a better understanding when working with adolescents and/or parents.

- I feel much more comfortable about my knowledge of sex now, especially with male anatomy. I feel like I've put sex attitudes even more into a societive context so I won't be impatient (hopefully) with parents and adolescents who are intolerant in regard to sexual feelings.

- I believe that the approach, with its emphasis on reality, communication and values is a sound one. The training gave me a knowledge base and the courage to do something in this area with parents and adolescents.

- I feel kind of reinforced and supported in my style of leadership with adolescents.

- Made me aware that we don't have all the answers and we are not going to make dramatic changes in the adolescents' thinking but hopefully give them food for thought.

- Techniques and tools will be fascinating and fun to try and I now have the nerve to try them.

- I think I will be much more relaxed about different people's different approaches to sex and their beliefs and attitudes. Also I will be much more equipped to handle some of the adolescent reactions to the group process and subject matter such as "put-the-leader-on-the-spot" questions and reactions to some of the information. I think I am more aware of the need for patience and understanding as far as dealing with parents. I learned a lot about the parents' side of the picture and how they feel.

In addition to the demonstration sites, several agencies planned to offer sex education programs for parents or adolescents within their agency. It was hoped that a number of agencies participating in the training would be sufficiently enthusiastic about the model sex education programs to initiate similar efforts in their own agencies.

That goal was successfully achieved, only to run into the wall of chaos and confusion resulting from Proposition 13 and the resultant cut-backs in Alameda County. There have been moderate to severe staff and program cuts in most community agencies in Alameda County. All of the demonstration sites suffered moderate cuts and some are not assured of more than 50% funding after the first of the year. More than one-third of the participants in the training program subsequently were laid off because of Proposition 13. Obviously, the climate for proceeding with new or time-consuming programs had changed as agencies re-ordered their priorities for basic survival. The impact of these cut-backs on the replication phase of the project is discussed in the evaluation section in Chapter 8.

Training Design for Staff Training

The curriculum for the staff training was designed in eight three-hour sessions, some of which were combined for longer segments. Unlike the adolescent and the parent-adolescent programs, the sequence of these sessions can be re-arranged several different ways. Since adults also have difficulty absorbing too much new factual information, experiential and concrete learning activities were alternated as much as possible.

If more practicum experience is desired, trainees can demonstrate activities or topics from the curriculum to the training group and can receive feedback on the content and style of their presentation. This is an excellent way to practice using new information and skills and a rich opportunity to exchange ideas and techniques.

The specific objectives for the training program are presented immediately preceding the training curriculum.

The curriculum is presented in a ready-to-use format for the group leader. It is assumed that this curriculum will serve only as a base and that the needs and interests of each group will require adjustments. Each sessions's activities are divided into three parts: 1) objectives, 2) procedures and 3) process points. The objectives state the overall purpose for the activity. The procedure explains step-by-step how to present the particular activity. The process points are guidelines for discussing the activity. The group may spontaneously cover most of the process points or questions. In that case, it is not necessary to formally cover those points. The approximate time and materials needed for each activity are listed in the far left and far right columns of the curriculum format.

Educational aids and multi-media materials used in the curriculum are discussed in Chapter 5. Leader's guides to presenting the factual information, detailed instructions for specific games and activities and cost and purchasing information for the films are included in that chapter. There are also guidelines for developing a resource and referral booklet for adolescent services in your community and an example of a format that can be used for the booklet.

SPECIFIC BEHAVIORAL OBJECTIVES

STAFF TRAINING

Overall goal: To increase comfort with own sexuality and to develop the knowledge and communication skills necessary to function effectively as a sex education resource for adolescents and their parents.

Objectives:

1. Understands the role of a sex educator
   - a. Identifies at least 5 components of effective sex education
   - b. Recognizes own strengths and limitations
   - c. Identifies supplemental resources in the community
   - d. Discusses the similarities and differences between sex education and health education
   - e. Identifies values and mores concerning sex education within own agency and in the local community
2. Demonstrates comfort with own sexuality
   - a. Identifies own attitudes and values
   - b. Recognizes own attitudes and behavior as separate from those of others
   - c. Identifies own areas of discomfort and respects other's limits
   - d. Examines own opinions regarding sexual issues and listens to feedback
   - e. Discusses the relationship between non-verbal and verbal behavior in awareness of personal impact
3. Understands the role of sexuality in adolescent growth and development
   - a. Identifies own values concerning adolescent sexuality
   - b. Explores barriers for adolescents in communicating about sexual feelings and behavior
   - c. Discusses the advantages and disadvantages of pre-marital sex
   - d. Recognizes adolescence as a developmental state encompassing both individual growth patterns and common tasks and concerns
   - e. Recognizes the relationship between adolescent learning styles and their behavior in a group
   - f. Discusses the impact of adolescent sexuality on parents/adults
4. Explores the similarities and differences in parent-adolescent roles
   - a. Identifies the similarities and differences within parent and adolescent roles
   - b. Recognizes the advantages and disadvantages of being an adolescent or a parent
   - c. Discusses the range of behavior within parent and adolescent roles
   - d. Discusses the effects of role stereotypes on parent-adolescent relationships
   - e. Validates each role as unique and important

5. Describes the components of decision-making

   a. Identifies alternatives available in a given situation
   b. Describes the potential consequences of each alternative
   c. Chooses an alternative after considering the consequences of each alternative
   d. Considers impact of choice on self and others
   e. Describes the action necessary to implement choice
   f. Re-evaluates choice in light of new information
   g. Discusses the similarities and differences in the values and decision-making processes of parents and adolescents
   h. Identifies and discusses blocks to communication between parents and adolescents

6. Understands the role of self-esteem in respecting one's choice

   a. Identifies and discusses personal attitudes and feelings
   b. Recognizes and supports similarities and differences between personal value system and that of others
   c. Reinforces cooperation in training activities
   d. Practices cooperation in training activities
   e. Discusses the impact of parent's behavior on how adolescents perceive their parents and on how adolescents perceive themselves

7. Displays skill in delivering sexuality information

   a. Uses non-technical as well as technical terms
   b. Responds to questions and concerns in positive, clarifying manner
   c. Identifies personal style as group leader and explores ways of enhancing style
   d. Displays awareness of impact of style on group
   e. Distinguishes between need for information and need for reassurance
   f. Responds to misinformation in sensitive, reassuring manner
   g. Recognizes time, energy and patience required to organize and to deliver the educational program
   h. Displays flexibility in dealing with different learning styles

8. Demonstrates respect for differing attitudes and behavior

   a. Accepts people as they are
   b. Protects safety and comfort of group
   c. Balances needs of individual with need of group
   d. Displays awareness of own biases
   e. Uses personal experiences appropriately
   f. Displays willingness to share something of self - role model

9. Demonstrates an understanding of basic reproductive anatomy and physiology

   a. Discusses five major changes that occur in the body during puberty
   b. Describes basic parts of male and female reproductive anatomy
   c. Explains the basic processes: ovulation, menstruation, conception, ejaculation, sperm production
   d. Describes the events that lead to pregnancy in proper order

10. Understands basic sexual functioning
    - a. Discusses common sexual myths
    - b. Identifies and discusses alternatives to intercourse
    - c. Explores the range of human sexual behavior

11. Understands the health consequences of sexual intercourse
    - a. Explains birth control methods in terms of mode of action; advantages and disadvantages; and availability
    - b. Explains pregnancy tests in terms of how they work; when they are accurate and where they are available
    - c. Describes options available if pregnant
    - d. Describes types of VD and where VD testing and treatment are available

12. Explores the relationship between having sex, using birth control, getting pregnant and being a parent
    - a. Identifies the pros and cons of each event
    - b. Discusses the consistencies and inconsistencies among the pros and cons around all four events
    - c. Explores the alternatives available in given situations

13. Describes the similarities and differences in male and female roles
    - a. Discusses the effects of role stereotypes on male-female relationships
    - b. Explores the range of behavior within male and female roles
    - c. Recognizes the impact of peer pressure on behavior

14. Understands the variations in and feelings about the human body
    - a. Understands the variations in and feelings about the human body
    - b. Describes the "ideal" male and female bodies
    - c. Discusses the impact of media on body image
    - d. Discusses similarities and differences in adult and adolescent perceptions of body image

15. Understands the range of human relationships
    - a. Identifies different types of relationships
    - b. Discusses similarities and differences in each type of relationship
    - c. Discusses the relationship problems in a given situation
    - d. Explores the alternative ways of handling this situation

Planned Parenthood
ALAMEDA-SAN FRANCISCO

We are currently in the midst of a one-year demonstration project funded by HEW. The primary goal of the project is to reach out to other agencies that serve teenagers and to develop educational programs with those agencies that will enable them to assume a share of the responsibility for educating teenagers about sexuality and responsible sexual behavior.

Several youth-serving agencies in Alameda County are participating as demonstration sites. The first phase of the project is to develop and to demonstrate two model educational programs -- one for teenagers emphasizing knowledge and attitudes about sexuality, related health information and responsible sexual behavior; the second for parents and teenagers emphasizing effective communication about sexuality between parents and teenagers.

The second phase of the project is to train the staff of youth-serving agencies to deliver these models as well as to communicate effectively about sexuality with teenagers and with parents. The training will also include sessions on male and female sexuality, physical and emotional changes of puberty, decision-making and communication between parents and teenagers. A training program for the staff from the demonstration sites has been scheduled for April and May of this year.

1660 Bush Street, San Francisco, California 94109 415/441-0555

PRESIDENT
Leonard A. Yerkes, III
PAST PRESIDENT
Kenneth G. Berry
PRESIDENT ELECT
Nicholas S. Freud
VICE PRESIDENTS
Mrs. Jude P. Laspa
Mary Wohlford
Mrs. Nancy N. Zacher
TREASURER
William M. Friede
SECRETARY
Joan Seavey Thomas
EXECUTIVE DIRECTOR
Richard N. Waugh
MEDICAL DIRECTOR
Geraldine E. Oliva, M.D.
LEGAL ADVISOR
Alvin H. Pelavin
DIRECTORS
Richard W. Adam
Mrs. Kenneth Aitken
Chilli Barlow
Mrs. Gordon Bellis
Kenneth G. Berry
George W. Burgess
Frank G. Chambers
Roberta Cooper
Mrs. Adelle DiGiorgio
Ann Alanson Eliaser
Wilson Footer, M.D.
Nicholas S. Freud
William M. Friede
Elizabeth R. Gatov
Margaret Gault
Robert E. Gonzales
Stewart B. Gross, M.D.
Joan C. Haskin
Jack Himmelwright
Mrs. John B. Huntington
Jean Jacobs
Nancy M. Jewel
Mrs. Richard W. Karn
Mrs. Jude P. Laspa
Benjamin Major, M.D.
Thomas T. Mein
Donald H. Minkler, M.D., M.P.H.
Mrs. R. L. Myers
George H. Pfau, Jr.
Jonathan C. Rice
Mrs. Frazier Scott
Wylie R. Sheldon
Mrs. Ward Tabler
Joan Seavey Thomas
Brooks Walker, Jr.
Mary Wohlford
Leonard A. Yerkes, III
Mrs. Nancy N. Zacher
EX-OFFICIO DIRECTORS
J. L. Kingsley
Philip R. Lee M.D.

Since some youth-serving agencies were interested in participating in the project but were unable to be a demonstration site, we are offering the training program to others who might also be interested. The training program will be approximately 20-26 hours and will be given once in South County and once in the Oakland area. We are limited to twenty participants at each training. Since the number of slots is limited, we will give first preference to permanent staff who work regularly with teens and who could include health and sexuality education with their regular programs.

If you are interested in receiving more information about this project or in having some of your staff members participate in the spring training program, please complete the enclosed questionnaire and return it to me as quickly as possible.

We look forward to further contact with you.

Yours truly,

JOAN NACKERUD
Project Coordinator

enc.
JN/ss

QUESTIONNAIRE

1. Name of Agency ____

   Your Name and Title ____

2. Services Provided to Teens (Please check all that apply.)
   Which of the following services do you provide to teenagers and/or their parents?

   ______Recreational Activities
   ______Job Training
   ______Educational Programs
   ______Medical Services
   ______Residential Care
   ______Individual Counseling
   ______Group Counseling
   ______Peer Counseling
   ______Live-in Program
   ______Other

3. How old are most of the teenagers that you work with directly? _____

4. How many staff would you want to send to this training? _____

5. Would these staff be responsible for delivering the program? _____

6. How long do they plan on being with your program? _____

7. In what capacity do these staff work with the teenagers in your program? (Please check all that apply.)

   ______Recreation Leader
   ______Counselor
   ______Therapist
   ______Minister
   ______Teacher
   ______Medical Resource
   ______Trainer
   ______Other (please state)

   ____

8. In what part of your program for teenagers and/or parents would you include a component on health and sexuality education (i.e., part of regular meetings, parents' meetings, special sessions, etc.)?

   ____

   ____

9. If you do not want to send staff to this training, but would still like more information about this demonstration project, please so indicate.

   YES, I would like more information _____

Thank you for your time. We will contact you with further details about the training as soon as we hear from you.

JOAN NACKERUD
Project Coordinator

DEMOGRAPHIC DATA
ON
STAFF TRAINEES

SEX: Female 32 Male 11

AGE: 20-25 7 30-35 10 40-45 1

25-30 17 35-40 3 45-50 5

RACE: Black 13 Chinese 1

White 25 Spanish 4

RELIGION: Baptist 3 Methodist 8 Other 11

Catholic 9 Presbyterian 2 None 5

Jewish 3 Protestant 3

NUMBER OF CHILDREN: None 22 Two 7

One 7 Three 5 More than three 1

JOB TITLE:

Public Health Nurse	6
Staff Nurse	2
Nurse Practitioner	1
Health Educator	1
Caseworker	2
Child Care Worker	2
Mental Health Worker	1
Community Worker	4
Social Worker	2
Counselor	3
Medical Social Worker	1
Director/casework	2
Clinical Director	1
Youth Leader	3
Recreation Supervisor	4
Recreation Instructor	2
Program Coordinator	1
Planning Assistant	1
Minister	2

EVALUATION
OF
STAFF TRAINING

We would appreciate your honest feedback on this training program in order to evaluate this program and to have detailed input to modify the training for future sessions.

Name: ______________________________

Staff Position: ______________________________

Agency: ______________________________

Please respond to each item as completely as possible.

1. Did this training program meet your expectations? Why? Why not?

2. What was the highlight of the training for you?

3. How well did the training, in your opinion, succeed in meeting its objectives? (please circle one numbers from 1=excellent to 5=poor for each objective.)

	Excellent				Poor
	1	2	3	4	5
Overall goal: To increase comfort with own sexuality and to develop the knowledge and communication skills necessary to function effectively as a sex education resource for adolescents and their parents.	1	2	3	4	5

(please continue on to next page)

Specific objectives:	Excellent				Poor
	1	2	3	4	5
a. To understand the role of a sex educator	1	2	3	4	5
b. To provide an opportunity to clarify one's attitudes and feelings about sexuality	1	2	3	4	5
c. To understand the role of sexuality in adolescent growth and development	1	2	3	4	5
d. To explore the similarities and differences in parent-adolescent roles	1	2	3	4	5
e. To provide approaches to aid young people with decision-making in sexual areas	1	2	3	4	5
f. To understand the role of self-esteem in respecting one's choice	1	2	3	4	5
g. To demonstrate respect for differing attitudes and behavior	1	2	3	4	5
h. To develop skill in presenting sexuality information to adolescents and parents	1	2	3	4	5
i. To understand basic male and female reproductive anatomy and physiology	1	2	3	4	5
j. To understand basic sexuality information for adolescents	1	2	3	4	5
k. To understand the health consequences of sexual intercourse	1	2	3	4	5
l. To explore the pros and cons of having sex, using birth control, getting pregnant and being a parent	1	2	3	4	5
m. To explore the similarities and differences in male and female roles	1	2	3	4	5
n. To understand the variations in and feelings about the body and body image	1	2	3	4	5
o. To explore the range of human "love" relationships	1	2	3	4	5

4. For next time, what would you change about the training? (i.e., were you satisfied with the balance of information, exercises, and group discussions? amount of time spent on particular topics? etc.)

(please continue on to next page)

5. What suggestions would you give to the trainers for improvement?

6. How has what you've learned in this training affected how you will work with adolescents and/or parents in this area?

* Thank you for your time, energy and input.

TRAINING DESIGN FOR STAFF TRAINING

TIME	ACTIVITY	MATERIALS
	SESSION 1 - The Role of the Sex Educator	
10 minutes	Introduction Overview of Model Climate Setting - everyone is free to say anything or ask any question; no one has to say anything or answer a question; that which is talked about in the group may not be discussed outside the group to insure confidentiality.	
15 minutes	People Hunt or Guess Who Exercise Objectives: 1. To create sense of group. 2. To establish comfort level. 3. To introduce group members to each other. Procedure: 1. Trainer hands out 3X5 index cards and pens to all trainees. 2. Trainer instructs trainees to write down something about themselves that other people wouldn't know just by looking at them. It should be something that isn't a secret and that would be okay for someone else to know. For example, a talent, something they've done in their life, an interest. Do not write name on card. 3. Trainer collects cards, shuffles cards and gives a card to each person. 4. Trainer gives the following instructions: "We're going to give each of you a card with a statement on it. We'd like you to go around the room, introducing yourself to other people and see if they are the person whose card you have. When you've found that person, give him/her their card. You can either sit down and wait for the others or you can hook up with that person and help him/her find the person who matches his/her card."	3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS
	5. Once everyone has matched the card to the person, trainer reconvenes large group. Trainer then goes around group and asks everyone to read their card. Process points: 1. How did you decide what to put down on your card? 2. Were you surprised by any of the statements? 3. How did it feel to introduce yourself and to talk with people you didn't know?	
10 minutes	Expectations of workshop - large group discussion Objectives: 1. To identify trainees' expectations of training. 2. To clarify similarities and differences in trainees' expectations of training. 3. To provide a written reminder of trainees' original goals to refer back to as training progresses. Questions: 1. What are your main objectives in taking this workshop? 2. List at least three skills you would like to improve during this training. 3. What is one thing you hope this training will include? Procedure: 1. Trainer reads questions aloud and asks trainees to respond on cards. 2. Large group discussion of responses.	5 X 7 cards Pens Tape

TIME	ACTIVITY	MATERIALS
	Process points: 1. Point out similarities and differences in expectations within the group, emphasizing the range. 2. Clarify discrepancies between trainees' expectations and training objectives and discuss those needs that can't be dealt with during this training (i.e., personnel problems, lack of budget, management concerns, group leadership skills, personal problem-solving in areas of sexuality, teens or parents).	
20 minutes	Expectations of Self as Sex Education Resource - small group exercise Objectives: 1. To identify personal attributes that will be helpful in functioning as a sex educator. 2. To identify major components of effective sex education. 3. To identify similarities and differences in trainees' expectations of themselves as sex educators. Questions: 1. What personal characteristics do you have that will be most helpful to you as a sex educator? 2. What personal characteristics do you have that will be least helpful to you as a sex educator? 3. As a sex educator, what reactions do you hope for from teenagers/parents? 4. As a sex educator, what reactions do you fear from teenagers/parents? 5. What do you consider to be the most important ingredients for effective sex education?	5 X 7 cards Pens Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer divides trainees into small groups of four. 2. Trainer hands out 5X7 cards and pens to all trainees. 3. Trainer reads each question aloud and asks trainees to write their responses on cards. 4. Discuss questions in small groups. 5. Small groups summarize their responses to one of the above questions (designated by trainer) on butcher paper. 6. Discuss small group summaries in large group. Process points: 1. What do you think about the similarities and differences? 2. Point out the range of strengths among the trainees. 3. Emphasize that feeling comfortable as a sex education resource is a process that requires on-going,up-dated information and on-going clarification of one's values and attitudes as well as support from peers/colleagues. 4. Re-emphasize the necessary ingredients for effective sex education. 5. Point out that sex education is part of comprehensive health education. 6. Emphasize that it is equally important to ask teenagers what their expectations for a course are.	
20 minutes	Joys and Sorrows of Being a Sex Educator - brainstorm/discussion Objectives: 1. To identify values and mores concerning sex education within trainees' agencies and the local community. 2. To recognize the role of sex education in relation to other needs and concerns.	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Large group brainstorms possible biases and assumptions about sex education within own agency and in the local community. 2. Trainer lists responses on paper. 3. Large group discussion of responses. Possible biases: 1. Encouraging teenagers to have sex. 2. Promoting casual sex. 3. Sex education causes teenagers to become sexually active or will keep them from being sexually active. 4. Taking over parent's role. 5. Anti-religion and/or amoral values. 6. Communist plot. 7. Being branded as too liberal or over-sexed. 8. Being considered an expert with all the answers. 9. Ruining the morals of the community. 10. Pushing own values. 11. Sex education is a private matter. 12. Teenagers are too young for sex education. 13. Sex education equals sexual intercourse. Process points: 1. Emphasize that it is important to respect differences in values and attitudes toward sex education. 2. Point out that everyone, whether they're sexually active or not, needs information about their bodies and sexuality and the skills to make decisions about relationships. 3. It is important to consider the views of your agency or community in planning sex education programs that will be acceptable and growth-producing.	

TIME	ACTIVITY	MATERIALS
30 minutes	Forced Choice Exercise Objectives: 1. To get in touch with personal values about sexual issues. 2. To become aware of similarities and differences within sexual attitudes. 3. To experience a values clarification technique that can be used to assist teenagers with decision-making. Forced choice items: 1. hammer/nail 2. live alone all your life/live in a commune 3. choose life partner at 18/remain single for life 4. sterilization/no birth control 5. all teenagers have sex/no teenagers have sex 6. have an unwanted child/have a dangerous abortion 7. sex with people you don't know/no sex at all 8. no sex/sex with same sex 9. abortion as your method of birth control/abstinence 10. victim of incest/victim of rape 11. parent at age 16/no children at all Procedure: 1. Trainer asks trainees to stand and to move to the center of the room. 2. Trainer reads each forced choice item aloud and then asks trainees to pick one of the choices and to indicate their choice by moving to the side of the room designated for that choice. No middle-of-the-road or qualifying choices are allowed, although participation is voluntary.	Forced choice items

TIME	ACTIVITY	MATERIALS
	Process points: 1. After each item is read and sides are chosen, trainer asks people to share some of their reasons for their choice and how they feel being there. 2. Point out similarities and differences of views among people on same side of the issue as well as between those on different sides of the issue. Emphasize that people may make the same choice for very different reasons, and individual priorities may vary widely. 3. What was it like to have only two choices? 4. Point out the types of forced choices that can be used with teenagers (have items from educational model on butcher paper). 5. Point out that some people say that it's artificial or "gamey" to have only two choices, both of which may be unappealing. However, many people do face such choices in real life because of lack of resources, rules and regulations, lack of experience, limited expectations for self, fear of the unknown and a host of other reasons. 6. Were there any surprises in the exercise for you? 7. When doing this type of exercise with teenagers, do not let people put each other down for different and/or unpopular viewpoints.	
30 minutes	**Sentence Completion Exercise** **Objectives:** 1. To identify own feelings about working with teenagers. 2. To recognize stereotypes about teenagers. **Procedure:** 1. Trainer passes out paper with incomplete sentences and asks the trainees to complete each statement. 2. Trainer divides the trainees into small groups of 4-6. 3. Have each person in the group read his/her response to a particular sentence,	Sentence completion sheets Pens

INCOMPLETE SENTENCES ON RELATIONSHIPS

1. What I like best about being a man/woman is . . .

2. In a relationship, nothing is so frustrating as . . .

3. What makes it easiest for me to feel comfortable with someone of opposite sex is . . .

4. I am most affectionate when . . .

5. "Technical virginity" is . . .

6. Promiscuity is . . .

7. The reason most adolescents don't use birth control is . . .

8. If I became pregnant (or got my girlfriend pregnant) . . .

9. Having sex as an adolescent causes guilt when . . .

10. Most adults think that adolescent love is . . .

TIME	ACTIVITY	MATERIALS
	then talk about all the responses to that sentence. 4. Trainer asks for brief comments from each of small groups. Process points: 1. What common themes regarding teenagers came up in your small groups? 2. What were some of the best things about working with teens? the worst? 3. Point out that teenagers share common tasks and concerns as part of their stage of development, but that chronological age is not a sufficient indicator of an individual teenager's capabilities and/or concerns.	
10 minutes	Quote without comment Objectives: 1. To elicit feedback from trainees. 2. To role model an open approach to giving and to receiving feedback. Procedure: 1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.	

TIME	ACTIVITY	MATERIALS
	SESSION 2 - The Adolescent Experience: Images and Roles	
10 minutes	Warm-Up - Proud Whips Objectives: 1. To re-establish group climate. 2. To recognize the positive qualities within self and others. Procedure: 1. Trainer goes around group and asks each trainee to complete the following statement with a few words or a brief one-liner: "The thing I liked best about being a teenager was. . ." 2. Anyone may pass.	
45 minutes	Adolescent Experience Exercise Objectives: 1. To increase awareness of how each person felt about himself/herself as an adolescent. 2. To identify personal sexual experiences and concerns common to all adolescents. 3. To discover how those experiences and concerns have helped shape one's present self-concept. Procedure: 1. Trainer hands out 3X5 cards and pens to all trainees and instructs trainees to form groups of 4-6. 2. Trainer instructs: "Take a few minutes to remember yourself at age 14 or 15 (women) and 16 or 17 (men). Close your eyes and reflect on what you looked like and what you	3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS

felt like as a teenager. What did your body look like? How did you used to dress? What would you have liked to be like or look like? Who was important to you?

3. Trainer reads the following questions and asks trainees to jot down their responses on the cards.
    a. Describe what you looked like as a teenager in a few words.
    b. What three words or phrases best describe you as a teenager?
    c. What was the most difficult problem you faced as a teenager? What could some adult have done to help you with that problem?
    d. At what age did you become an adult? Was there a significant event that caused the change from teen to adult?
4. Share responses in small groups. Remind people they can share as much or as little as feels comfortable. Take a moment or so to think about what you want to say so you can be free to listen to others in your group.
5. After 15 minutes, trainer then asks group to remember back to their first sexual experience, to reflect for a minute or two and then discuss the following questions with their other small group members:
    a. How did you know when you were ready?
    b. What were your expectations regarding sex?
    c. How closely did the experience meet your expectations? What was missing?
    d. How is the kind of person you're attracted to now different than in high school, if at all?

Process points:

1. Point out that people's experiences during adolescence may differ because of environment, historical time, income, family, etc. Sometimes we discount other people's experiences because we can't relate to the influences in their lives; however, it's important not to negate the reality of their experience.

TIME	ACTIVITY	MATERIALS
	2. Body Image a. Point out common themes - similarity of feelings about body as teens. b. Compare with feelings about body now - what has changed? What has remained the same? c. How do the descriptive words or phrases express the feelings? Any particular tone? 3. First Sexual Experience a. Point out that expectations about first sexual experience often come out of lack of information or misleading information or values surrounding love and marriage. b. Emphasize the conditions of the experience - the psychological environment. c. How many of you used birth control the first time? 4. Interpersonal Attraction a. Discuss stereotypes of what is attractive. b. Compare the stereotypes of activities that were presumed to be connected (sports people, artistic types, beach/surfers, etc.). 5. How different is it being a teenager now than when you were a teenager?	
30 minutes	Advantages and Disadvantages of Being Male/Female - brainstorm/discussion	Butcher paper Felt pens Tape
	Objectives: 1. To explore the advantages and disadvantages of being male or female. 2. To define the range of behavior within male and female roles. 3. To focus on some of the cultural differences between males and females in our society.	

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer asks trainees to brainstorm as many advantages and disadvantages as possible of being male and female. 2. Trainer lists the responses on butcher paper. 3. Discuss responses in large group. **Process points**: 1. Compare and contrast the lists for males and females. Are any of these unique to your own community? 2. Do you view any of the advantages as disadvantages? Vice-versa? 3. Has your body made a difference in the way you act as a male or female? If so, how? 4. How do our ideas about being male or female effect our relationships with people of the opposite sex? Our expectations? 5. Are the advantages and disadvantages different for teens? If so, how?	
30 minutes	**Media Flash** - slide show/music tape **Objectives**: 1. To illustrate the impact of media on male-female images and role stereotypes. 2. To identify the pressures to conform to media images. **Procedure**: 1. Trainer instructs group: "This slide show should be used as a trigger for discussion on body images and male and female images in the media. We are all exposed to these types of images in many forms of media and it is useful to see how these images effect our ideas about physical attractiveness	Slide show Slide projector Music tape/recorder

TIME	ACTIVITY	MATERIALS
	and masculinity and femininity Pay particular attention to people's bodies; how they stand; how they dress; their facial expressions; their hairstyles; and their activities as you watch." 2. Trainer shows slide show of male and female images from the media while playing a tape of words and phrases that describe males and females from popular songs. 3. Group discusses the images portrayed in audio/visual media. Process points: 1. What kinds of things did you notice? 2. What words would you use to describe the males and females in these pictures? 3. What do you like and dislike about these images? 4. What words would we use to describe the "ideal" male and female? 5. How has media impacted the "ideal" male and female images in your own community? 6. What is the impact of peer pressure? 7. What images are present in other forms of media, films, T.V., etc? 8. How are teenagers portrayed on the popular T.V. shows?	
30 minutes	Body Image Exercise Objectives: 1. To identify likes and dislikes about own body. 2. To recognize variations in body types. 3. To recognize how different people perceive their bodies. 4. To identify how outside influences effect how one values and accepts one's body.	"Body Image" check-lists Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer hands out "Body Image" checklist to each trainee and instructs: "Check the two things you like the best about your body and the two things you like the least. Put down whether you are male or female." 2. Trainer collects lists and puts responses on butcher paper. Puts female and male responses in separate columns. 3. Group discusses responses. **Process points**: 1. Were you surprised by any of the responses? 2. Were there any differences between the likes and dislikes of males? If so, what? 3. Are there different standards of physical attractiveness for males and females? 4. Point out that certain things about our bodies are inherited from our families and can't be changed - e.g., height, bone size, eye color, size of feet and hands, etc. 5. How are standards for physical attractiveness different now compared to when you were a teenager? 6. When doing this exercise with teens and parents/adults, put teen and parent responses in separate columns. 7. What kinds of things do you think teenagers might say about their bodies? 8. Point out that it is sometimes very difficult for teens to say positive things about their body, particularly parts with sexual connotations.	

TIME	ACTIVITY	MATERIALS
10 minutes	**Quote Without Comments** **Objectives:** 1. To elicit feedback from trainees. 2. To role model an open approach to giving and to receiving feedback. **Procedure:** 1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.	

TIME	ACTIVITY	MATERIALS
	SESSION 3 - Sexual Development: Sexual and Health Concerns of Teenagers	
5 minutes	Warm-Up - "Love Toads" - film to introduce subject of sexuality in a humorous manner.	Film - "Love Toads" 16 mm projector
30 minutes	What Is Sexuality? - exercise Objectives: 1. To identify personal attitudes and values toward sexuality. 2. To recognize own attitudes and behavior as separate from those of others. 3. To recognize the role of sexuality throughout the life cycle. Procedure: 1. Trainer puts long strip of butcher paper on wall. Paper is divided into following age categories: infant, young child, elementary-school child, young teen, older teen, young adult, middle-age adult and older adult. Under each age category there are two headings: 1. How do people show their sexuality at this age? 2. How are sexual needs met at this age? 2. Trainer instructs trainees to think of all the typical ways people show that they are sexual beings within each age category and in what ways does each age group have these needs met. 3. Trainer asks trainees to list their responses for each category on the butcher paper posted on the wall. 4. Large group discussion of responses.	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	Process points: 1. What kinds of things do people do to express their sexual feelings, thoughts and needs at different age levels? 2. What cultural factors effect the expression of sexuality at different ages? the fulfilling of sexual needs? 3. What definitions of sexuality could be gleaned by the group's responses? 4. Point out that we are all sexual beings from birth, but that the expression of and comfort with our own sexuality is determined by many factors: intensity of sex drive; curiosity level; parenting; attitudes of parents, family, peers and community; moral education; physical comfort; and experiences in relationships.	
45 minutes	Film - "About Sex" - model for group leadership skills Objectives: 1. To demonstrate one approach to leading sex education discussion groups for teenagers. 2. To illustrate effective ways of handling diverse values in a sex education group. 3. To provide basic information on common sexuality and health concerns of teenagers. Procedure: 1. Trainer shows films and asks trainees to pay particular attention to the group leader's style in the film. Process points: 1. What are your reactions to the leader's style and methods of group leadership?	Film - "About Sex" 16 mm projector

TIME	ACTIVITY	MATERIALS
	2. Point out leader's ability to encourage open discussion while handling conflicting values. 3. Emphasize leader's effectiveness in correcting misinformation without putting down the person. 4. How do the teens in the film compare to the teenagers you work with?	
60 minutes	Sexuality and Health Myths - game Objectives: 1. To inform trainees of their own level of information about teenage sexuality and health. 2. To dispel myths about teenage sexuality and health issues. 3. To give the trainer(s) a rough measure of the trainees' level of knowledge about teenage sexuality and health. Procedure: 1. Form teams of 4-6 people. Hand out set of myth information cards to each small group. 2. Each player reads aloud a card that contains a statement which is either true or a myth. The group then decides whether the statement is true or a myth. If there is disagreement or people are undecided, then the card is put into "undecided" pile. The process continues until all group members have had their turns and the group's pile is exhausted. 3. Trainer reconvenes the large group and collects the "undecided" piles and then reads aloud those questions together with their answers and explanations. 4. If there is time, trainer answers and explains other questions which anyone wanted to know more about.	Sexuality and health myth cards (enough sets for number of trainees) (Please see Educational Aids for list of myths and leader's guide.)

TIME	ACTIVITY	MATERIALS

Process points:

1. Point out that some of the myths are value choices and some have no correct answers since there isn't enough accurate information as yet.
2. What process did you use in your small groups to decide about particular statements?
3. Point out the need for checking through the "true" and "myth" piles to make sure that incorrect responses are corrected, when doing this exercise with teens. If some of the cards have been covered in other parts of the program, these cards may be omitted from the game.
4. Be careful in doing this activity with teenagers not to put people down, and be mindful of the need to reinforce correct information.

10 minutes **Quote Without Comment**

Objectives:

1. To elicit feedback from trainees.
2. To role model an open approach to giving and to receiving feedback.

Procedure:

1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.

TIME	ACTIVITY	MATERIALS
	SESSION 4 - Educational Approaches for the Emotional and Physical Changes of Puberty	
40 minutes	Emotional and Physical Changes of Puberty - discussion/film Objectives: 1. To identify the major changes that occur during puberty for males and females. 2. To recognize that everyone experiences physical and emotional changes during puberty, but at different rates and in varying degrees. 3. To provide an overview of puberty. Procedure: 1. Trainer asks group to list 3 physical changes and 3 emotional changes that they experienced during puberty. Collects cards. 2. Trainer lists responses on butcher paper and group decides which changes occur for males only, for females only and for both males and females. 3. Group discusses responses. 4. Trainer shows film - "And Then One Year". Process points: 1. Was it hard to remember the changes of puberty? Was it easier to remember physical or emotional changes? 2. How old are people when they enter puberty? 3. How do you know when puberty is over? 4. Which of the changes are of most concern to teenagers with whom you work? 5. How is puberty different now compared to your teenage years? 6. Re-emphasize that everyone goes through puberty, but at different ages and rates. 7. What could adults do to help teenagers adjust to the changes of puberty?	Film - "And Then One Year" 16 mm projector Butcher paper Felt pen Tape 3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS
30 minutes	Body Language Exercise Objectives: 1. To desensitize people to subject area (the language of sex). 2. To learn to be comfortable with different sex vocabularies and to develop common vocabulary. 3. To take shock value out of sexual words. 4. To demonstrate a technique that can be used with teenagers to make it easier to talk about sex. Procedure: 1. Trainer introduces exercise: "Each of us has learned the vocabulary of sex in a different way. Our families or parents may use certain words or nicknames for parts of the body and sexual function; our friends and colleagues often use a different vocabulary and the medical profession and the media yet another. Some people are more comfortable with 'slang' words or street terms while others prefer the family nicknames or medical/technical vocabulary. Sometimes people are embarrassed to ask questions about their body or their sexuality because they don't know what certain words mean or are concerned about using the wrong words. "This exercise is an opportunity to agree to a vocabulary that everyone can understand and to learn more about the effects of these words on us. What I'd like you to do is to circulate around the room and jot down all the words or phrases that you've ever heard or seen for the word at the top of the paper - feel free to include examples from friends, children, parents, teens whom you work with, grafitti, books, music, whatever."	Butcher paper Felt pens Tape

TIME	ACTIVITY	MATERIALS
	2. Trainer writes one word at the top of each large sheet of butcher paper:	
	Male Genitals Anus Female Genitals Breast Menstruation Homosexuality Masturbation Intercourse	
	3. Puts each sheet up on wall (keep sheets close together), several pens by each.	
	4. Individuals walk around and write all the words or phrases they've ever heard that mean the same thing as the word on the paper. Also circle those words on the list they have never heard of.	
	5. When this task is completed, group examines one chart at a time and discusses the meanings of circled words. Ask group member(s) to read off words on each chart and then discuss.	
	Process points:	
	1. How did you feel writing words? Reading words?	
	2. Which of these words do you hear the most?	
	3. Were there more words for male or female parts?	
	4. Which words do adults use the most? Which words do teens use the most?	
	5. Were there any surprises for you in the exercise?	
	6. Was there any particular tone to the words on the list?	
	7. Point out that some teenagers think that "nice" girls don't know these words, but that it is okay for guys to use these words. It can be useful to discuss similarities and differences between men and women in doing this exercise.	
30 minutes	Male and Female Reproductive Anatomy - lecture and models	Male and female rubber models of reproductive anatomy Flip charts Leader's guide to male/female anatomy
	Objectives:	
	1. To provide basic information on male and female reproductive anatomy.	
	2. To demonstrate the use of anatomical models in presenting this information to teenagers.	

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer uses large charts and anatomical models to identify the basic parts of male and female reproductive anatomy. 2. Trainer clarifies common myths regarding male and female reproductive anatomy. 3. Trainer responds to questions from group. **Process points**: 1. How would you feel talking about this information with teenagers? 2. Emphasize that it's okay to say that you don't know or will find out. 3. Point out that sometimes teenagers will intentionally ask embarrassing questions to test the leader or to express personal concerns in hidden ways. It is very important to listen for concerns about bodies, rate of growth and normalcy expressed in this way.	
20 minutes	**Brown Bag Exercise** **Objectives**: 1. To practice using basic information on male and female reproductive anatomy. 2. To establish a visual representation of reproductive anatomy. 3. To demonstrate a teaching technique that is effective with teenagers. **Procedure**: 1. Trainer divides group into small groups of 3-4. Gives each small group a brown bag filled with different materials. 2. Instructs each group to construct a model of male or female reproductive anatomy using the materials in the bag. 3. Once the models are completed, the groups switch and label the various parts on the other group's model.	Paper bags, straws, pipe cleaners, balloons, walnuts, almonds, pear, zucchini, scissors, scotch tape, pens, labels, construction paper, styrofoam or cork balls

TIME	ACTIVITY	MATERIALS
	Process points: 1. What was it like doing this exercise? 2. How did your group decide what went where? 3. Point out the arrangement of the parts of the genitals is very much the same for all males or all females; however there is quite a range of difference in size, placement, etc. - much like our eyes, nose and mouth. 4. What do you think the worst thing would be that teens would do during this exercise? How would you suggest handling silliness, embarrassment or similar reactions?	
45 minutes	**Physiological Processes of Reproduction** - stories/discussion/flash cards **"The Story of the Sperm and the Egg - How They Meet"**	Stories of Agatha Egg and Stanley Sperm Anatomical flip charts Flash cards Leader's guide to Agatha Egg and Stanley Sperm
	Objectives: 1. To provide basic information on male and female reproductive physiology. 2. To identify how pregnancy occurs and to demonstrate an understanding of the interrelationships among the processes that lead to pregnancy. 3. To demonstrate a technique to present reproductive physiology information to teenagers.	
	Procedure: 1. Trainer reads aloud stories about the following basic processes: menstruation, ovulation, fertilization, implantation, sperm production and ejaculation using large charts to illustrate the information. 2. Trainer responds to questions. 3. Trainer gives poster-size cards, with different steps of the above processes written one to a card, to different group members. 4. Trainer instructs those with cards to arrange the events that lead to pregnancy in the proper order by placing themselves along a continuum.	

TIME	ACTIVITY	MATERIALS
	5. Trainer instructs other members of the group to rearrange the order of the continuum if it's out of order. **Process points:** 1. Do you feel adequately prepared to present this information to teenagers? If not, what else would you need? 2. Re-emphasize the time of month that a woman is most likely to get pregnant if she's having intercourse. 3. Emphasize that it is important for women to keep track of menstrual periods for an accurate medical history and may determine what method of birth control would be safer for them. 4. Point out that you can present stories in a variety of ways using felt boards, illustrations, having teenagers read aloud or act out. 5. This can be a good group process activity but different teenagers may be at different points of readiness for the information. However, the activity allows the teenagers to work together as a group in figuring out this information.	
10 minutes	**Quote Without Comments** **Objectives:** 1. To elicit feedback from trainees. 2. To role model an open approach to giving and to receiving feedback. **Procedure:** 1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.	

TIME	ACTIVITY	MATERIALS
	SESSION 5 - Pros and Cons of Teenage Sex	
20 minutes	Reactions to Teenage Sex - brainstorm/discussion Objectives: 1. To discuss parental and teenager reactions to adolescent sexual activity. 2. To recognize and to support similarities and differences between personal value system and that of others. 3. To identify and to discuss alternatives to intercourse. Procedure: 1. Trainer asks group to brainstorm all possible reactions & attitudes about teenage sex. 2. Trainer lists responses on butcher paper. Separate piece of paper for parents and adolescents. 3. Group discusses responses. Process points: 1. When is a teenager "ready" for sex? 2. How are the pros and cons that a parent would have be different than a teenager? 3. What do parents/adults and teenagers see as alternatives to sex? How do these differ? 4. In what ways do friends and peers influence a teenager's decision to have or not to have sex? How is this different for adults?	Butcher paper Felt pen Tape
45 minutes	Film - "Are We Still Going to the Movies?" - film/discussion Objectives: 1. To provide an example of male-female interaction in an intimate relationship. 2. To discuss the effects of role stereotypes of male-female relationships.	Film - "Are We Still Going to the Movies?" 16 mm projector

TIME	ACTIVITY	MATERIALS
	3. To identify the effect of peer pressure on behavior. 4. To explore barriers for teenagers in communicating about sexual feelings and behavior. Procedure: 1. Trainer instructs group that they will be seeing a film that shows a situation that may be very similar or different from what they have directly or indirectly experienced. 2. Trainees are asked to pay attention to the male-female relationship in the film and to pay particular attention to the person of their own sex in the film. 3. Trainer shows film and then group discusses their responses to the film. Process points: 1. What did you think of the relationship in this film? 2. How could each of them be clearer about what they want from the other person? 3. What got in the way of their enjoying the picnic as they had originally planned? 4. How would the script go if the roles were reversed: this time the young woman initiates sex and the young man has misgivings? 5. How do males and females meet within your age group? What about teenagers in your community? 6. How do males and females let someone of the opposite sex know they're interested in them? 7. How do our expectations or assumptions about the opposite sex effect how we behave in male-female relationships? 8. How do you think teenagers would react to this film?	

TIME	ACTIVITY	MATERIALS
30 minutes	Teach Us What We Want To Know - group exercise Objectives: 1. To identify what teens would like to know about sex. 2. To identify what parents/adults think teens need to know about sex. 3. To explore similarities and differences between teens' and adults' perceptions of appropriate sex education. Procedure: 1. Trainer divides group into two smaller groups. 2. Trainer gives each group a large piece of butcher paper and asks one group to list "The 10 Most Important Things that they think teens want to or need to know about sex" and asks the other group to list "The 10 Most Important Things that they think adults or parents should tell teens about sex". 3. After discussion within the small groups, each group lists their responses on butcher paper and the trainer posts the two lists. 4. Compare and contrast the lists in the large group. Process points: 1. How similar or different are the lists? Point out examples from the list that highlight areas of agreement and disagreement. 2. Are there things on the lists that a parent/adult would not feel comfortable discussing with their teen? teen with their parent? 3. What kinds of things block such discussions between parents and teens? 4. What would help teens talk with parents about sex? What would help parents or other adults?	Butcher paper Tape Felt pens

TIME	ACTIVITY	MATERIALS
30 minutes	Range of Sexual Behavior - exercise Objectives: 1. To explore the range of sexual behavior. 2. To identify own areas of discomfort and to respect other's limits. Procedure: 1. Trainer hands out "Range of Sexual Behavior Scale" to all trainees and asks them to read each statement and then to circle the degree of frequency to which they believe that situation occurs. 2. When trainees have completed their sheets, trainer asks for volunteers to share their ratings. 3. Group discusses ratings. Process points: 1. Were some types of sexual behavior harder to respond to than others? If so, why? 2. Were you surprised by any of yours or other people's responses? 3. Point out the importance of examining one's own opinions regarding sexual issues, of listening to feedback and respecting one's own limits as well as those of others. 4. Emphasize that individual's own exposure to these issues may have a strong influence on his/her ratings.	"Range of Sexual Behavior" checklists Pens Butcher paper Felt pen Tape
30 minutes	Alligator River Story - story/discussion Objectives: 1. To recognize that different people value the same person for a variety of reasons.	Alligator River story 3 X 5 cards Pens

VALUES VOTING/CONTINUUM

RANGE OF SEXUAL BEHAVIOR*

Please read each statement and then put a check in the column that best represents your view of that issue.

	Disagree	Agree
1. People who are celibate are usually loners.	____	____
2. Someone who is celibate usually cannot find a sexual partner at that time.	____	____
3. Heterosexual sex is the most natural form of sexual activity.	____	____
4. Incest occurs in lower-class families.	____	____
5. Most cases of incest are between fathers and daughters.	____	____
6. Incest usually happens to adolescents.	____	____
7. Incest includes emotional as well as sexual forms of abuse.	____	____
8. Adolescents are into prostitution for the money.	____	____
9. Bisexuality is the first step towards homosexuality.	____	____
10. Children of homosexuals usually become homosexuals too.	____	____
11. Most homosexuals would rather be straight.	____	____

---

*This exercise is for use only with trainers (See page 256), and is not suitable for use with adolescents.

	Disagree	Agree
12. Homosexuals are likely to make sexual advances more often than heterosexuals.	_____	_____
13. If a woman has sex with another woman, she must be a lesbian.	_____	_____

NOTE: These topics can be expanded at the discretion of the trainer.

TIME	ACTIVITY	MATERIALS
	2. To illustrate the range of attitudes toward certain types of interpersonal behavior. 3. To demonstrate a values clarification technique that is effective with teenagers. Procedure: 1. Trainer reads story aloud and then asks trainees to individually rank the characters in the story according to who they like ("1"=most favorite; "5"=least favorite). 2. Trainer asks for a show of hands on how many ranked "___" first; last; why? "___" first; last; why? 3. Group discusses and compares the reasons for their rankings. Process points: 1. Were you surprised by any of your choices? Other people's choices? 2. Which of the characters would you least want to be like? Why? 3. Would your rankings be any different if you found out that Abigail was laughing at the end? if Sinbad had V.D.? if Slug had a boat? 4. Point out that different people approve or disapprove of certain behavior or value another person for a variety of reasons. 5. Emphasize that everyone "heard" the same story, but different things were "heard" differently according to people's background and upbringing. These factors influence their voting, and that's okay because there is no right answer.	
10 minutes	Quote Without Comments Objectives: 1. To elicit feedback from trainees. 2. To role model an open approach to giving and to receiving feedback.	

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.	

TIME	ACTIVITY	MATERIALS
15 minutes	SESSION 6 - Family Planning Information Privacy Circles - exercise Objectives: 1. To enable trainees to better understand the importance of privacy and the conditions affecting disclosure of private information. 2. To identify personal patterns of disclosure. 3. To recognize similarities and differences in individual's feelings about privacy. Procedure: 1. Trainer explains that, as helpers, we ask for a variety of information from our clients. It is often difficult to determine what or when the circumstances are appropriate or inappropriate to ask certain questions. Privacy circles is an exercise which can help put us in touch with our own patterns of self-disclosure and self-containment about feelings, opinions or actions. 2. Trainees are asked to draw on a piece of paper five concentric circles with a dot in the middle and label them as follows, starting from the outermost circle and moving inward: strangers, acquaintances, friends, intimates, self; the dot represents those things we don't even admit to ourselves - i.e., we repress. 3. Trainer then gives them, one at a time, 6-7 questions or issues (examples follow) and asks them to write a key word from that question or issue in a band or circle which represents with whom the trainee would most likely share their response. It is emphasized that the exercise is private, that they will not be asked to share their responses to the questions. Questions: To whom would you tell: 1. How much you earn?	3 X 5 cards Pens Butcher paper Felt pen Tape

TIME	ACTIVITY	MATERIALS
	2. How old you were when you first had sex? 3. That you thought you had V.D.? 4. That your teenage son was on drugs? 5. That you've had an abortion/your partner has had an abortion? 6. That you're having an extra-marital affair? 7. That you've considered suicide? Process points: 1. How many of you had 5-7 responses in the first 2 bands? 2. How many of you had 5-7 responses in the last 2 bands? 3. Was it difficult to determine in some cases which circle or band was most appropriate? 4. Did you want to put conditions on some of the issues? If so, what? 5. Point out that it is often difficult to determine when the circumstances are appropriate or inappropriate to share information about certain aspects of our lives and that we tend to put conditions on sharing this information (such as why it is being asked of us and how the information is going to be used). For example, we may share information with a stranger on a bus or plane that we would not share with anyone else since we know we will never see that person again. 6. Emphasize that we all have privacy limits. We need to be in touch with that when we're working with other people.	
60 minutes	Birth Control and V.D. Information - lecture/demonstration/discussion Objectives: 1. To provide basic information on birth control methods. 2. To describe types of V.D. and availability of treatment. 3. To provide basic information on the accuracy and availability of pregnancy tests.	Birth control methods kit V.D. chart Med-Facts tape/projector Leader's guide to birth control information V.D. exercise

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer explains each birth control method in terms of mode of action; advantages and disadvantages; and availability using a demonstration kit and charts to illustrate the information. 2. Trainer explains types of V.D. and where testing and treatment are available in the local community. 3. Trainer describes pregnancy tests in terms of mode of action, accuracy and availability. 4. Trainer responds to questions from group. Process points: 1. What part of this information would be difficult for you to explain to a teenager? 2. Point out that many teenagers are aware of the different birth control methods but are misinformed about the use or safety of these methods. 3. Point out that some birth control methods are more effective than other methods, but that each birth control method needs to be used properly to be effective. 4. Emphasize that some methods can be bought without a prescription at the drugstore and other methods require an exam by a doctor. 5. Point out that if no other method of birth control is available, withdrawal is better than not using any birth control. 6. Emphasize that neither women nor men may notice symptoms of V.D. once they have contacted it; therefore, testing is very important if someone has more than one sexual partner or if they might have been exposed. 7. Point out that a large percentage of sexually active teenagers do not use birth control or come for family planning services until they suspect they're pregnant.	

TIME	ACTIVITY	MATERIALS
30 minutes	Plan-A-Fam Game Objectives: 1. To explore the relationship between having sex, using birth control, getting pregnant and being a parent. 2. To explore the alternatives available in fertility situations. 3. To demonstrate an activity that can be used to explore risk-taking with teens. Procedure: 1. Trainer asks for two volunteers to be a couple for purpose of game. 2. Trainer plays the game with the entire group. 3. Group discusses each decision the couple faces. Process points: 1. How do you make a decision? Do you ask for advice, think it over, consult a professional, flip a coin? 2. How many children do your parents have? How many did (do) they want to have? How many children do you have (plan to have)? What sexes? 3. What are your plans for the next few years? How do your fertility decisions fit in? 4. What influenced your decisions on these issues? 5. Point out that even with planning, things don't always turn out the way you hope. Imagine what would happen without any planning or considering risks or chances.	Plan-A-Fam game board and instructions Dominoes Playing cards Chance cards

TIME	ACTIVITY	MATERIALS
20 minutes	Taking Care of Your Health - exercise Objectives: 1. To demonstrate the effect of advertising on personal hygiene habits. 2. To identify health maintenance strategies. 3. To demonstrate a technique to use with teenagers to illustrate the relationship between advertising and personal health habits. Procedure: 1. Trainer tapes life-size silhouettes of a man and a woman to the wall and distributes popular magazines and scissors to trainees. 2. Trainer instructs trainees to look through the magazines and clip out ads for personal hygiene, cosmetics and personal appearance. 3. Once the ads are clipped out, trainer asks the trainees to tape the ads for the products on the parts of the body for which they're intended. 4. Group discusses completed silhouettes. Process points: 1. Which products are for attractiveness versus health reasons? 2. Is smelling nice smelling natural? Is this supposed to be different for men and women? If so, how? 3. Point out that most of these products are for women. What does this say about society's message about women's bodies? 4. What approaches are used in the ads to sell these products? 5. What are other ways of maintaining our health and our looks?	Male/female outlines on butcher paper Magazines Scissors Tape

TIME	ACTIVITY	MATERIALS

40 minutes	Question Cards Using Health and Sexuality Information
	
	Objectives:
	
	1. To distinguish between the need for information and need for reassurance.
	2. To practice responding to questions and concerns in positive and clear manner.
	
	Procedure:
	
	1. Trainer divides group into small groups of 4-6.
	2. Trainer hands out set of question cards to each group. Each set of cards has three sections:
	   1. Questions asking for information only.
	   2. Questions asking for information and also includes misinformation.
	   3. Questions that have hidden questions or concerns within them.
	3. Trainer instructs trainees in small groups to divide the question cards evenly among themselves and to take turns reading a question aloud and having the rest of the group respond to the question as if a teenager were asking it.
	4. When each group has completed their set, large group discusses responses.
	
	Process points:
	
	1. Were any of the topics in the questions more difficult than others to answer? If so, why?
	2. How did you decide how much information is enough?
	3. What would be guidelines for making your responses understandable to a teenager?
	4. Point out the importance of first clarifying whatever a person is asking, providing information in sections to allow for checking back with the person; and listening for other concerns they may be expressing (need for reassurance, permission to ask further questions, conflict of values, need for referrals, chance to ventilate emotions, etc.).
		Question cards (enough sets for number of participants)

QUESTION CARD EXERCISES

Information Only

1. What's an orgasm like?
2. I've missed my period three months in a row and don't know what do do.
3. Could I have an infection in a funny place?
4. I've heard that using birth control ruins sex.
5. My girlfriend and I were real careful and used something everytime, so how could she end up pregnant?

Questions With Some Misinformation

6. I think that my clitoris is too far away for sex to be good.
7. I want to have sex with my boyfriend but he's too big for me.
8. My boyfriend says that we shouldn't fool around during my menstrual period because I could get hurt.
9. Sex is really better when we're high, but I wonder if he'll pull out in time?
10. I don't want to be pregnant but my sister said I'd be all messed up after an abortion.

Embedded Questions - Questions With Hidden Agenda

11. I'm not into sex lately.
12. I feel guilty doing it.
13. My boyfriend is really into anal sex.
14. Do you think that an adolescent is old enough to be a good parent?
15. How can you tell when a man or woman is hot, and would like to have sex with you?

TIME	ACTIVITY	MATERIALS
10 minutes	Quote Without Comments Objectives: 1. To elicit feedback from trainees. 2. To role model an open approach to giving and to receiving feedback. Procedure: 1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.	

TIME	ACTIVITY	MATERIALS
	SESSION 7 - A Decision-Making Approach to Sex Education	
30 minutes	Decision-Making Exercise Objectives: 1. To discuss the components of decision-making. 2. To recognize the similarities and differences between personal decision-making style and that of others. Procedure: 1. Trainer asks trainees to think of a recent decision they made that was important to them (e.g., changing jobs; going back to school; buying a car; changing a relationship; going on a vacation; changing health habits, etc.) and instructs them to write that decision on their cards. 2. Trainer asks the trainees to reflect for a few minutes and to consider all the factors or things that went into that decision. Consider all the influences involved - other people, practical considerations, fantasies, personal needs or goals, status needs, "shoulds" and so forth. Then list the 5 things that were most important to them when they made their decision. 3. Trainer instructs them to look at their list and to rank their factors in order of importance ("1"= most important to "5"- least important). In thinking about the factors that were important to you, remember to pay attention to your own personal values and standards. Don't worry about how someone else might make the decision or what you think you should have done. 4. Trainer divides the group into small groups of 3-4 and asks the trainees to share something about their decision-making process, perhaps 2 or 3 of the factors that were most important to their decision. Discuss in small groups: a) How is your decision-making process similar to or different from others in your group? b) As you look back on your decision, how do you feel about your decision-making style?	Butcher paper Felt pen Tape 3 X 5 cards Pens

TIME	ACTIVITY	MATERIALS
	5. Small groups summarize their discussions in large group. **Process points:** 1. Were you surprised by anything in your decision-making process? 2. What kinds of things help you make difficult decisions? hinder you? 3. What differences might there be between teenagers' and adults' decision-making processes? 4. Emphasize individual differences in decision-making and understanding how these differences affect what decision is made. 5. Focus on your decision-making process and compare it to your decision in the area of sexuality and relationships. What makes it harder to make decisions about sex? 6. What would help teenagers with their decision-making skills?	
15 minutes	**Rank Order Exercise** **Objectives:** 1. To identify relative values about a choice. 2. To practice choosing among alternatives and to explain or defend own choice. 3. To demonstrate a values clarification technique that can be used to assist teens with their decisions. **Procedure:** 1. Trainer explains to group that he/she is going to ask them some questions which will require them to make a value judgment. 2. Trainer gives trainees three alternative choices for responding to each question and asks them to rank order these choices according to their own preferences ("1"= most preferable, "3"= least preferable). 3. Trainer reads the questions, writes the choices on butcher paper and asks for volunteers to share their rankings. 4. Large group discussion of reasons for their choices.	3 X 5 cards Pens Butcher paper Felt pen Tape

TIME	ACTIVITY	MATERIALS
	Questions: 1. What is the worst thing you could find out about your teenager? _______ that he has been shoplifting _______ that he is a high school dropout _______ that he is promiscuous 2. What kind of spouse would bother you the most? _______ one who interrupts constantly _______ one who spends too much money _______ one who keeps a messy house 3. If you were a parent, how late would you let your 13-year old stay out? _______ 10 p.m. _______ 12 a.m. _______ it's up to him/her Process points: 1. Emphasize that every day we must make choices between competing alternatives, and sometimes we must choose among alternatives that we don't like. 2. What alternatives would you have liked to add to those questions? 3. Point out that many issues require more thoughtful consideration than we tend to give them.	
45 minutes	"Dear Abby" - case studies/discussion Objectives: 1. To discuss the similarities and differences in the values and decision-making processes of parents and teens. 2. To identify alternatives available in given situations.	"Dear Abby" case situations

TIME	ACTIVITY	MATERIALS
	3. To discuss the potential consequences of each alternative. 4. To demonstrate an approach that can be used to help teenagers focus on decision-making skills. Procedure: 1. Trainer reads aloud situation. Have first case studies deal primarily with health information and decision, then move on to more relationship issues. 2. Asks group to decide what information and/or advice they would give to each of the people in that situation. 3. Group discusses possible responses and the potential outcome of each. Process points: 1. What makes it easy or difficult to give advice? How do you decide to give advice? 2. Did your advice differ depending on the sex of the person involved? If so, how? 3. If this were your best friend, how would you communicate your concern about the situation to him/her?	
40 minutes	"Are You Ready For Sex?" - film vignettes/discussion Objectives: 1. To provide examples of the decision-making skills of teenagers in sexual situations. 2. To recognize the impact of sexuality on male-female relationships. 3. To identify the blocks to discussing decisions about sex with a partner. 4. To identify alternative ways of handling sexual situations. 5. To identify personal expectations about sexual relationships.	Film - "Are You Ready For Sex?" 16 mm projector

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer introduces film by asking the group to pay attention to how the couple makes the decision to have or not to have sex in each vignette and how each person communicates their viewpoint. 2. Trainer shows film. **Process points:** 1. What gets in the way of talking to a boyfriend/girlfriend about sexual issues? What would help teenagers talk? 2. Why is it hard to say "no" in these sexual situations? 3. What if one person in the relationship doesn't want sexual involvement, but wants to be friends? 4. How come sexual experiences don't always turn out well? What goes wrong? 5. How do our expectations of the opposite sex effect how we behave in a male-female relationship. 6. What are alternative ways of expressing sexual feelings? 7. How does a teenager know when they're ready for sex? 8. Point out that there are pressures on teenagers to be sexual and that deciding not to have sex may feel uncomfortable but may be a valid decision for that person. 9. If your teenage brother or sister were having sex, what would you tell them?	
30 minutes	What is Love? - brainstorm/discussion/music tape **Objectives:** 1. To identify different types of relationships. 2. To discuss similarities and differences in each type of relationship. 3. To demonstrate an activity that can be used with teenagers to focus on the meaning of love to them.	Love music tape/ tape recorder 3 X 5 cards Pens Butcher paper Felt pen Tape Written sheets with words to love tape

TIME	ACTIVITY	MATERIALS

Procedure:

1. Trainer asks trainees to list definitions of love (one of their own, one additional from their parents and one other from media, friends, etc.).
2. Trainer lists all the definitions on butcher paper under "Love is...", eliminating duplications.
3. Trainer plays love music tape and asks trainees to list types of love images in music. Compare and contrast those images to the other definitions.
4. Have each person rate in terms of their importance to themselves the various components of love.
5. Gather illustrations that demonstrate different expressions of love (e.g., parent-child, boy-girl, child-dog, grandparent-grandchild, man-woman, friends).
6. Group discusses different meanings of love and the relationship between sex and love.

Process points:

1. Point out the difference between what the media says is love and the reality.
2. Point out the importance of the concept of love to teenagers - to be needed, wanted, treasured, valued as an individual as well as to experience romance, a fuller range of emotions, an emotional "high".
3. Emphasize that what people mean by love differs.
4. What are the similarities and differences between sex and love?
5. Emphasize that you don't have to say you're in love to enjoy another person, particularly of the opposite sex.
6. Point out that people have many different needs and that different relationships meet different needs.

TIME	ACTIVITY	MATERIALS
10 minutes	Quote Without Comments Objectives: 1. To elicit feedback from trainees. 2. To role model an open approach to giving and to receiving feedback. Procedure: 1. Trainer goes around group and asks each person to share one thing he/she liked and one thing he/she didn't like about today's training without other trainees commenting on the feedback.	

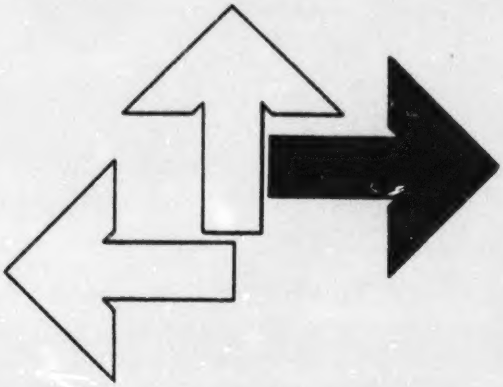
TIME	ACTIVITY	MATERIALS
	SESSION 8 - Parents as Sex Educators	
30 minutes	Advantages and Disadvantages of Being a Parent or a Teen - brainstorm/discussion	Butcher paper Felt pen Tape
	Objectives:	
	1. To explore the advantages and disadvantages of being a parent or a teenager.	
	2. To identify the similarities and differences within parent and teenager roles.	
	3. To define the range of behavior within parent and teenager roles.	
	4. To demonstrate a technique that can be used to assist teenagers and their parents to focus on their interactions.	
	Procedure:	
	1. Trainer asks trainees to brainstorm as many advantages and disadvantages as possible of being a parent or being a teenager.	
	2. Trainer lists the responses on butcher paper.	
	3. Discuss responses in large group.	
	Process points:	
	1. Compare and contrast the lists for parents and teenagers.	
	2. Do you view any of the advantages as disadvantages for either list? Vice-versa?	
	3. How do our ideas about being a parent or a teenager affect how we behave in parent-teen relationships?	
	4. What is the "ideal" teenager? the "ideal" parent?	
	5. How have your "ideal" images of a parent or a teenager affected the way you relate to: a) parents of other teenagers? b) teenagers of other parents?	

TIME	ACTIVITY	MATERIALS
	6. Emphasize that most of us do not act like the "ideal", yet put ourselves or the other person down for not acting that way.	
45 minutes	Parent-Teen Communication - vignettes/discussion Objectives: 1. To identify similarities and differences in the values and decision-making processes of parents and teens. 2. To identify blocks to communication between parents and teens. 3. To recognize each role as unique and important. 4. To demonstrate an approach that can be used to help parents and teenagers improve their communication. Procedure: 1. Trainer divides group into two smaller groups; one of parents and one of teenagers (some of the adults can play the role of teenagers). 2. Trainer gives each group a card with a common parent-teenager conflict written on it. The trainer instructs the group to read the card aloud and to discuss the following issues: a) Parent group - decide as a group what you would say or do as a parent in this situation and what you think the teenager in this situation would want you to say or do. b) Teen group - decide as a group what you think the parent in this situation will say or do and what you would like them to say or do. 3. Large group discussion of responses. 4. Repeat the process with additional case studies. Case Studies: 1. You're watching T.V. and you notice your teenage son/daughter leaving the house dressed in a way in which you don't approve. What do you do?	Parent/teen vignette cards (enough sets for number of participants)

TIME	ACTIVITY	MATERIALS
	2. You've been invited to a party with a group of your friends from school that you know your parents don't like. You really want to go. What do you do? 3. You're putting away your son's/daughter's clothes and find some rubbers/birth control pills well-hidden in the drawer. What do you do? 4. You've agreed to be home at a certain time. You come home two hours late. What happens? Process points: 1. What were the similarities and differences between the responses of the parents and those of the teenagers to the case studies? 2. What went into making your decision (i.e., could you understand the other person's viewpoint? how a parent's own upbringing can effect their decision as parents; how teenagers might do things differently with their own children)? 3. How would this situation be handled differently at home? 4. What kinds of things get in the way of parents and teenagers talking about these issues? 5. Point out that both parents and teenagers struggle with setting limits and letting go (the balance between trust, responsibility and freedom). 6. Emphasize that there are no right answers. What works in your family is what's important.	
45 minutes	Stump the Group Leader - exercise Objectives: 1. To recognize impact of personal style of group. 2. To recognize the relationship between adolescent learning styles and their behavior in a group. 3. To give trainees an opportunity to practice responding to difficult questions teenagers might ask.	Question cards (enough sets for number of participants)

TIME	ACTIVITY	MATERIALS
	Procedure: 1. Trainer divides trainees into smaller groups of 6-8. 2. Trainer gives each group a set of cards with questions or situations and instructs trainees in small groups to decide how to respond to each card. 3. Large group sharing of alternatives. Questions: 1. How old were you when you first started having sex? 2. Would you make your daughter have an abortion? 3. Can a girl have a baby by her father? 4. What do homosexuals do to each other? 5. Did you masturbate when you were a teenager? 6. Would you give your daughter birth control? 7. Should a guy marry a girl if he gets her pregnant? 8. Do you have to have sex? 9. Is it okay to have sex with lots of people? 10. Why do men like sex better than women? Process points: 1. How did it feel to be faced with this kind of question? 2. Emphasize using own personal experience appropriately and maintaining a sense of perspective and/or humor. 3. What might be going on behind the question? 4. Re-emphasize the usefulness of asking for other opinions or ideas from the rest of the group when dealing with controversial issues or conflicts.	

TIME	ACTIVITY	MATERIALS
30 minutes	Evaluation and Wrap-Up	Evaluation forms
10 minutes	Self-Esteem Cards Objectives: 1. To recognize positive qualities of self and others. 2. To conclude the program on a positive note. Procedure: 1. Trainer hands out 5X7 cards and pens to all trainees and instructs each trainee to write his/her name at the top of a card. 2. Cards are passed around the group and each person writes down the best thing they can think of about that person on that person's card. 3. After all the cards are completed, each person gets their own card back at the end of the group.	5 X 7 cards Pens



Chapter 8: Evaluation

Evaluation

Because of the limited time frame of the project, the type of setting and participants and limited resources, certain types of evaluation were not feasible. As it turned out, the overall goals of the project and of the adolescent and parent-adolescent programs were easier to evaluate than the specific educational objectives within each session of the training. Specific findings and recommendations related to each phase of the project have been discussed in other sections of this manual. In this section, an attempt will be made to address some of the evaluation issues encountered during the project along with some suggested solutions.

In assessing the effectiveness of the project in reaching its overall goals, the following issues were of concern:

1. How did the adolescents and parents assess the programs?
2. Did the staff trainees use the skills and information after the training ended?
3. Were the demonstration site staff willing and able to replicate the sex education models?
4. What was the impact of the programs after they ended?
5. Was a broader base of support for sex education created in the community?

Evaluation of Adolescent Program

Traditional forms of evaluation are extremely difficult to use with a diverse mix of adolescents in voluntary, after-school programs.

DIFFICULTY WITH WRITTEN INSTRUMENTS

Many of the adolescents were not willing to fill out even brief questionnaires or forms because that seemed "homework-like". Others had great difficulty reading, writing or following instructions. Although pre- and post-testing would have permitted a more accurate assessment of cognitive learning objectives, beginning the program with testing would have been a strong "turn-off" to the adolescents. Other methods of assessing learning outcomes are discussed in subsequent sections.

ROLE OF STAFF OBSERVER AS RATER NEEDS CHANGING

Demonstration site staff who were observing the sessions had rating scales to evaluate the instructional objectives, but found it difficult to rate individual group members. The staff observers also wanted to participate in the program and perhaps needed to deal with their attitudes and values prior to being an observer. Their observations focused more on whether the adolescents were involved with the activities and the group process than whether the activities appeared to be effective in meeting the objectives. They were most interested in whether the adolescents liked the program or not and evaluated the leader's skills more than the materials. briefings were held with the staff observers at the end of each session and at the end of the program to discuss their observations of the participants, the content and the approach. In the future it would be better to have an outside person whose only function would be as an observer.

ADDITIONAL METHODS OF EVALUATION

Project staff who were demonstrating the program also kept a running log during the program. While one leader presented an activity or led a group discussion, the other would observe group process and write down specifics on how the activity was received; who participated; questions, concerns and comments raised; misinformation or myths presented and the relevance of the discussion to the objectives for the session.

Either at the end of each session or the beginning of the next session, the leaders included time for feedback. Each person was asked to state at least one thing they had liked and one thing they had not liked about that day's session. Anyone had the right to pass and no one else could comment on anyone else's feedback. At the end of the ten hours, the adolescents were given a brief evaluation to fill out. Because most of the adolescents did not like to write more than a few words or phrases, their evaluations depended more heavily on verbal feedback, spontaneous comments during breaks or activities and their comments to their youth leaders during the week. Approximately 35% of the adolescent participants did not complete their evaluation forms. Some did not complete forms because they arrived late or left early due to music lessons, team practice, jobs, babysitting and other commitments. Practically all of the participants evaluated the program verbally, however.

Anticipating some of the difficulties with written instruments, the curriculum was designed so that some of the activities tested information from preceding parts (i.e., the Brown Bag exercise tested understanding of male and female reproductive anatomy; the flash cards tested understanding of the steps leading to pregnancy; the sexual and health myths game tested understanding of basic sexual and health knowledge). These activities were intended to reveal areas of misinformation and to allow adolescents to act as peer educators with guidance and back-up from the group leaders.

COGNITIVE LEARNING: IGNORANCE AND THE ROLE OF PEER EXPERIENCE

Based upon the leader's observations and the completed evaluation forms, close to 60-70% of the participants could correctly identify: 1) the major parts of the male and female reproductive anatomy, 2) the correct definitions for menstruation, ovulation, fertilization, sperm, egg, erection and ejaculation, 3) the correct sequence of steps for sperm production, menstruation and pregnancy, 4) five major physical and emotional changes of puberty, 5) the types of birth control and where to obtain them, and 6) the common sexual and health myths.

Continued areas of confusion and misinformation included: 1) not knowing the difference between the scrotum and the testicles, 2) not believing that sperm can live for more than one day, 3) mixing up fertilization and ovulation, 4) being confused about the timing of ovulation and its role in menstruation and pregnancy, 5) believing that a woman can not get pregnant the first time she has sex, 6) not understanding the functions of the three openings in the woman's genitals, 7) believing that condoms are not reliable, and 8) believing that you need parents' permission to get birth control and that you have to be over 18 to make any decisions related to a pregnancy (this is not true in the state of California).

It was interesting to note that the misinformation was not completely due to ignorance or a lack of understanding on a cognitive level. Rather, some of the adolescents who missed the information stated that they could not believe in the correct information since their experience told them otherwise. This is an excellent example of concrete versus abstract thinking. They could believe only what they had experienced and not what possibly could happen. Their own experiences and those of their friends were far more powerful educational influences than other types of education. If one friend had had a condom break, then condoms were perceived as unreliable. If another friend had sex for a while without using birth control, then it didn't seem necessary to use birth control either. Many of the adolescents had changed their opinions and adopted a more realistic understanding of these issues once a friend or peer had direct experience with a particular situation. The influence of peer experience, it seems, can facilitate or block learning from real-life experiences.

EVALUATION OF PROGRAM BY ADOLESCENTS

Additional feedback was solicited at the completion of the program. The project leaders explained that their help was needed in figuring out what parts of the program were useful and informative and asked them a number of questions about how they would change the program; how they would present this information to a younger brother or sister and how well the program met their expectations. The group members were extremely willing to discuss verbally their reactions to the program. Because of their loyalty to their youth leaders and their positive reaction to the project staff, they had to be encouraged to state negative as well as positive feedback. It might have been more revealing for the staff observers to meet with the participants without the project leaders being present. The model was revised based upon the adolescents' and staff observers' input.

The overall response to the content and approach was very positive. Most of the participants particularly liked the films on adolescent relationships and decisions about sex; the openness of the discussions; and the chance to hear their peers' opinions.

- "It's really great that someone is finally telling it straight."
- "Everything was in plain language and easily understood."
- "The people were open."
- "I found out how other people felt and learned a lot."
- "The openness of the instructors."
- "More films about people talking about personal things."
- "I really enjoyed this class. It was easy for me to talk about things I would not talk about at home or at school or with my friends and I learned a lot about myself that I really didn't know."
- "Being together"
- "Could have been embarrassing, but wasn't."
- "A lot of people think the same way I do - was reassuring."
- "Now I can answer my friends' questions."
- "They never tell us straight 'out there'."
- "Susan and Cheri are the best people to send out to teach because they will talk about themselves, too, so you don't feel so scared. I was more prepared when I started my period both physically and emotionally. I started last week."
- "I really liked the way everyone was so open in their discussions."
- "I loved what we talked about."
- "Needed in schools all over the world."
- "I learned some new things about other people and their feelings toward sex. The program was great."

Almost 100% of the participants wanted to see more films. Although they had been very quiet during the films and immediately afterwards, the situations in the films apparently hit-home and were effective triggers for discussions about relationships, sex, popularity and related issues.

Other factors considered were the adolescents' willingness to participate in all of the sessions; their wanting to bring additional friends or siblings to the program; their asking for additional sessions and their use of information and concepts presented earlier in the program during a subsequent activity or discussion.

1. Attendance was excellent throughout the program at all of the demonstration sites. Individual people missed parts of a session or one session, but all who began the program finished. Some of the participants said that they had given up their favorite TV shows or sports practice to come to the sessions. Many of the participants said that they wished their friends had known about the program. Most would have been willing to come to more sessions once they were committed to the program.

2. Participants at all four demonstration sites brought additional friends or siblings after the first session of the program. Because it was necessary to build trust within the group, additional members were not allowed after the second session.

3. When asked if they would recommend the program to their friends, 58% of those who completed their evaluation forms said definitely yes; 42% said probably yes, and 0% said probably or definitely no. When asked if they would take the program again, 61% said definitely yes; 29% said probably yes; 10% said probably not; and 0% said definitely no. 57% rated the overall course as excellent; 32% as very good; 9% as good and 0% as fair or poor. Close to 60% felt that this type of program should be offered by the 6th or 7th grade.

4. A number of the participants approached the leaders at the break or after the program to discuss concerns about a boyfriend or girlfriend; to ask for referrals for birth control or pregnancy testing or to ask a more personal question about their bodies or sexuality.

Evaluation of Parent-Adolescent Program

Because of the difficulties in attracting parents to participate in the parent-adolescent program, the project staff had lowered expectations for the parents' reactions to the program. Their level of participation, commitment to improving communication with their adolescent and their extremely positive evaluations of the program were most gratifying.

The highlights of the program for the participants correlated closely with the major goals of the program. Both the adolescents and the parents rated the following items most highly:

1. seeing parent or adolescent in a new light
2. breaking the ice to talking about sex
3. hearing different viewpoints
4. candid, open discussions
5. non-threatening atmosphere

Of the 88 parents and adolescents participating in the program, 76 completed their evaluation forms. Adolescents were much more willing to fill out evaluation forms with their parents present, but still responded in very brief phrases. 79% said they would definitely recommend the program to a friend; 21% said that they would probably recommend it; 0% said probably not and one person said definitely not.

The following comments reflect the highlights of the program for the participants:

Group Atmosphere

- "Hearing other people's feelings and getting all my feelings out without being embarrassed and feeling good about getting them all out."
- "Learning to communicate and to talk about sex without being ashamed."
- "Great openings for talks at home."
- "Loved the nitty-gritty. It was informative. I enjoyed being involved. I was glad to hear what teenagers have to say."

Increased Appreciation of Parent and Adolescent Roles

- "This course was very good for me. It helped me get in touch with myself and my feelings. It helped me to express my feelings with my mother and my friends. It also helped me to understand my mother's position, and to help her when she needs it."
- "Although I feel I didn't get direct feedback from my child, I heard what other teens were saying and feel it applicable."
- "I've seen my daughter in a new light. The 'ice' has been broken."
- "Realization that people are people regardless of age -- we have similar feelings."
- "My daughter asked what a clitoris was at the dinner table one night. My husband practically choked on his food but it felt good just to be able to explain what it was without wondering 'What is she really asking or saying', but just knowing she was curious and felt comfortable enough to ask the question."
- "My mother talks more freely here and really expresses her inner feelings. She finally accepted the fact that I am growing up and changing."
- "It's great to hear all the viewpoints and be reminded of when we were teenagers. Will help understanding and getting along."

- "Opens the doors to better communication on what sometimes is a delicate subject."
- "Sharing with my child. Six hours away from phones, TV, other considerations that stand in the way of one-to-one communicating."
- "I learned over again the real necessity for teaching teens the way to make decisions."

VALIDATION OF SELF

- "I have learned about things that I didn't know. There are people that are just the same way that don't know some of these things."
- "You could speak freely and say what you wanted to."
- "I thought it was a real growing experience."
- "That I know more about myself and parents and what to do in certain situations."
- "As a parent, it's really good to know I'm not alone with my problems."

Parents also shared other parenting concerns during the breaks -- power struggles, setting limits, use of family phone, etc.

The parent participants overwhelmingly preferred to have parents and adolescents together in the sessions and wanted another session to deal with specific topics such as pregnancy, VD, early marriage and birth control. Some parents felt responsible for the level of participation of their adolescent. Disappointment over their adolescent not sharing sometimes caused pressure. Adults tended to feel more comfortable talking in the abstract, whereas adolescents preferred to relate discussions to their everyday lives. Differences in how adults and adolescents learn needed to be accommodated.

The adolescents were divided on this issue. Some gained a lot from being with the parents and some felt dominated, intimidated or judged by the parents.

- "I don't like being with my mom when we discuss things. Because she is very strict about guys and I will get put on restriction if she knows that I know they exist."
- "The point was missed that as teens they are pushed to become adults and not let to enjoy childhood. Made to think there has to be a generation gap and there doesn't."
- "Teens may be shy with their parents."
- "Some of the adults got too judgmental."

The best solution would be to separate parents and adolescents for part of the program and to combine them for the communication and decision-making aspects of the program. Most of the participants would have been willing to come to additional sessions although they originally preferred a briefer program.

Evaluation of Process by Youth Leaders

The trainees had reacted very favorably to the staff training and had felt that they learned a lot. The project staff, however, was concerned whether there was any carry-over after the training ended. The trainees were contacted by phone four months after the training to determine if they were functioning as sex education resources within their agency.

Of the 43 trainees who participated in the training, 14 or 33% had been laid off due to cutbacks after Proposition 13; 9 or 21% could not be reached at the time of the follow-up contact. The remaining 20 or 47% were found to be utilizing their knowledge and skills although to different degrees and in different ways. Semi-structured interviews were conducted. A sampling of the responses were as follows:

1. All but one had talked about the program to other staff at their agency.

   - "All were very interested and receptive."
   - "Very enthusiastic responses"
   - "They were very interested in the resources and information".
   - "They wished they could have had the training, too."
   - "I gave a report at a weekend retreat of Camp Fire Girls and the response was marvelous."

2. 70% had done parts of the program with other staff.

   - "I have used some of the exercises with many of the leaders -- very satisfactory." (recreation center)
   - "We've included some of the exercises in our regular staff meetings." (church)
   - "The pros and cons of teen sex has been a good discussion generator." (Y.W.C.A.)
   - "I've invited staff from the other departments to meet with us to plan our own program." (boys' club)
   - "I used the Alligator River story with the staff. It promoted very active and fruitful discussion. It was interesting to note that all the men present chose Sinbad as the hero and none of the women chose him." (health department)

Others had not done any parts of the program because of staff schedule conflicts; lack of time or lack of interest.

3. All but two had used parts of the program with adolescents and parents and the demonstration site staff had replicated or were in the process of replicating the whole program.

   - "Yes, in a recycling program dealing with youths up to 19 years old. It went very, very well. We considered the results to be excellent." (runaway center)
   - "Yes, with some of the girls and even some boys -- very satisfactory indeed." (recreation department)
   - "I have given the pamphlet 'What's Happening?' to some of the mothers. The discussion that followed with parents and teens was very, very helpful and opened many doors." (probation department)

- "I have used much of the information with leaders and parents of girls 10th-12th grades. Many of these leaders were not receptive to the information, as they expressed the opinion that 'their girls are good girls' and do not need sexuality education. I think they are not willing to face 'reality'." (scouting organization)
- "Yes, to girls in the 10th grade. They were very interested and responsive." (community counseling center)
- "I have been using many of the exercises with teens in the 7th grade and up with great success." (recreation department)
- "Have already given the program in three schools and hope to expand." (health department)

4. Approximately 65% had talked with family or friends about the program. Some of the trainees seemed more comfortable with dealing with sexuality issues on the job than at home. Those who did discuss the program found a high degree of interest and enthusiasm.

5. 100% of the respondents said that they felt more comfortable dealing with sexuality issues since the training.

- "I am not so judgmental and much more understanding since taking the training." (probation department)
- "I feel better about myself and in dealing with issues since the training." (health department)
- "I feel much better and more comfortable since taking the training. The anatomy sessions in particular made me feel comfortable." (runaway center)
- "The more I make use of the things I learned in the training, the more comfortable I am." (scouting organization)

6. All but one of the participants were planning to use parts of the program within their agency or community in the near future.

- "We hope to expand our activities in the schools and to present programs to women's groups." (Chicano mental health program)
- "We are in the planning stages of presenting the program to teachers." (county health department)
- "In the health program for adolescents in the schools - we expect to include areas of sexuality." (neighborhood health center)
- "We plan to present the program in our own agency." (runaway center)
- "More programs with girls, boys and leaders. We hope to use the exercises throughout the Council." (scouting organization)
- "We plan to use it throughout the center -- with the girls' program, in the learning center and the athletic programs." (boys' club)
- "We were able to use many of the points from the training program in writing a proposal."

It is apparent that the trainees are utilizing their new knowledge and skills in the area of sex education in many fruitful ways. It is felt that even more of the trainees would also be functioning as sex education resources if they had not been laid off. It is assumed that some portion of the trainees who were laid off will be able to use these skills and concepts in their next job.

Replication of Programs

Because of the staff and program cuts resulting from Proposition 13, the staff from the demonstration sites had difficulty replicating the sex education models within the time frame of the contract. The staff at 3 of the 4 demonstration sites for the adolescent program have presented or are in the process of presenting a sex education program for adolescents within their own agency. The staff from another demonstration site are planning to offer the parent-adolescent program after the first of the year if their funding is continued.

One of the major goals for the project was to prepare other youth staff to share the responsibility for educating adolescents about sexuality and responsible decision-making. An important criterion for the success of the project was the demonstration site staff's willingness to offer a sex education program to their clientele and their effectiveness in presenting this type of program to adolescents or parents.

The demonstration site staff from the girls' club and from the recreation department planned, organized and presented the adolescent model within their own agencies. After consulting with the project staff and adjusting some of the activities from the model to the needs of their own groups, the demonstration site staff handled all phases of the program preparation and presentation themselves. Program participants at the recreation department were 8 males and 7 females, ages 13-16; at the girls' club were 15 females, ages 11-13.

Project staff observed the entire program at each site and were impressed with the leaders' competence and creativity. Each had added to the program in some creative way and had given each activity a great deal of thought. The leaders had excellent rapport with the adolescents and functioned effectively as sex education group leaders.

The most difficult part for the leaders seemed to be processing the exercises and facilitating group discussions. Because the leaders were concentrating so heavily on the content and approach of each activity, it was hard for them to take an overview of the group process and to recognize concerns behind questions (i.e., "How do you tell someone you don't love them anymore?") Since this was their first time leading a sex education group, several were afraid to deviate from their lesson plans or to adjust the pacing of activities. Some were inclined to go through certain exercises in a somewhat mechanized way and ignored an important guideline for group leadership that it is better not to beat people over the head with the point. Upon reflection, it would have been better to include more practice sessions during the staff training and with project staff just prior to the replication of the program. Feedback and support from the project staff were extremely important for instilling confidence; correcting misinformation and encouraging use of one's personal style of leadership.

The adolescent participants reacted very favorably and their evaluations closely resembled those of the adolescents during the original demonstrations. A third demonstration site has approached replicating the model in a different fashion. Their staff decided to offer parts of the model within different programs in their center. One leader is working with adolescents in the learning center and dealing with male-female roles, values clarification and decision-making; another is working with the girls' program with an emphasis on personal hygiene and growth and development; and a third is presenting sexuality and birth control raps to the older adolescents.

Rather than present a separate sex education program, they are incorporating the model into their regular program activities. This outcome is particularly gratifying since the staff at this demonstration site were most doubtful about the usefulness of sex education when the project first began.

LONG TERM EFFECTS OF THE PROGRAMS

In order to assess any long-term effects the programs might have had, the project staff and some of the demonstration site staff contacted as many program participants as possible 3-8 months after the various programs had ended. Follow-up contact proved difficult as there were disconnected numbers or families who had moved. Adolescents were particulary hard to get a hold of and those who were contacted found it difficult to articulate their feelings over the phone. Two of the demonstration sites felt that it would be a breach of confidentiality and trust to contact participants since this had not been part of their original understanding. In the future, it would help to establish a method for follow-up contact and to reach an agreement during the actual presentation of the program.

Parent participants were easier to contact and the staff at one of the demonstration sites contacted approximately 60% of the original participants.

Excerpts from these phone interviews are presented below.

FOLLOW-UP WITH PARTICIPANTS FROM ADOLESCENT PROGRAM

Although the adolescents were harder to contact, 19 of the 49 adolescent participants were contacted by phone or by personal contact with the demonstration site staff. Most were not used to discussing these issues over the phone and their responses were brief, but they were able to recall specific highlights of the program.

1. A number of the adolescent respondents had talked with friends or siblings about some part of the program.

   - "Yeah, a couple of girl friends. My older friends probaly knew it all, but my younger friends learned a lot."
   - "I talked with my friends and told 'em it was pretty good. Tried to get them to come."
   - "Well, I did talk it over with members of the class, but not outside the group."
   - "I told my boyfriend about the movie."
   - "I told my sisters about the forced choice and health myths."
   - "We've all talked about dating and stuff - about how guys treat girls."
   - "I've told a lot of people about deciding whether to have sex."

   The staff from the boys' club had also observed participants correcting their peers' misinformation when sex was discussed around the club. "They set them straight right away, and the other guys wanted to know how they knew that."

2. Fewer of the respondents discussed the program with their parents, unlike the adolescent participants in the parent-adolescent program.

   - "I didn't tell my family much. Too embarrassing."
   - "My mom and dad, they know that I know about birth control. They just don't want to talk about feelings and relationships."
   - "Told my mom, but can't remember what she said."
   - "I don't want to tell my family. They might think I'm acting smart."
   - "My mom and I talked a bit, nothing big, just little pieces."

3. Most of the respondents said that they were more comfortable talking about sex since the program.

- "I think I learned even stuff I didn't know that I didn't know."
- "I'd heard all this stuff before. It's just that I heard a lot of it wrong - like when you can get pregnant."
- "I feel better about being a virgin now than I did."
- "I guess boys don't know it all!"
- "Me and my boyfriend talked about birth control for the first time. It was good."
- "Learned a lot. Not useful now, but maybe later."
- "We really need these kinds of programs so kids can have someone to talk to."
- "Even if they don't need birth control, they don't need to be scared of the information."
- "Sometimes I'm more comfortable, sometimes not. I used (information from course) with my boyfriend - came in handy."
- "It made me feel more secure about myself and the information. The sharing was good."
- "I notice things in other people more -- boys' expectations, macho, what people share."
- "It seems like everyone is having sex and it's not OK to show that you don't know or aren't having sex and now I know different."

It is difficult to draw any conclusions from such a limited number of responses, but it is apparent that the many adolescents remember and use information and communication skills from the program after it has ended. With additional time and resources, it would be possible to do a more thorough follow-up.

FOLLOW-UP WITH PARENT PARTICIPANTS FROM PARENT-ADOLESCENT PROGRAM

A number of the parents contacted had discussed the program with other parents and felt that some were interested and some were not. When asked whether the program has changed family discussions about sex, the following comments are of interest:

- "Just last week my little sister commented about the movie (Are We Still Going To the Movies?) and how that behavior reminded her of a friend."
- "Sparked a very heavy discussion about her mother's treatment of sexual issues. About how she doesn't want to get pregnant, but her mother won't even discuss it."
- "The course was very helpful in 'opening doors' for conversation with my teen. We discussed at length the 'ideal parent' and 'ideal teen' list and whether or not my daughter wanted an authority figure or a parent. Did she really want a parent to let her stay out until 2 A.M.? She said no, that it would seem like the parent didn't really care for the teen."
- "Because of the course (I) understood teenagers a little bit better. Especially peer pressures they are under. I was surprised at how strong peer pressure is for them, it seemed much stronger than it was for me as a teen. My husband and I talked about this."
- "Made a slight break - a little crack. We talked about the course and what went on. Specially not with sexual issues. She has already asked questions but more open to each other as whole person to whole person rather than as a mother to a daughter."
- "My daughter took a teen friend with her and they both commented without being asked that the course helped them as teens to communicate with other people. Showed them pathways and ability to say things that are important to them with adults and teens."
- "Nice to see other reactions of other teens and find out yours are not that far off or strange."
- "We talked about the program, with my husband and son. Sex is not our problem, but dress code, telephone usage and money management."

When asked why they thought other parents would not participate in a similar program, frequent comments included 1) discomfort with talking about sex, 2) too busy or just don't care, 3) don't feel comfortable about letting their kids see that side of them, and 4) have to feel need to improve. Suggestions for attracting parents to such a program were:

1) State purpose of program clearly, i.e., "Are you having trouble communicating with your teen?"
2) Stress communication rather than sex.
3) Approach established parent groups.
4) Offer enticements such as social contacts, refreshments, pot-luck, free child care.
5) Offer program on neutral territory (not teen- or parent-oriented).

FOLLOW-UP WITH ADOLESCENT PARTICIPANTS FROM PARENT-ADOLESCENT PROGRAM

The adolescent respondents expressed strong, positive feelings about the program and felt that the experience had opened the door to communication between their parents and themselves.

1. All of the adolescent respondents felt that communication with their parents had been improved.

   - "My mom feels freer to talk. She used to just lecture. Now she tells me what she means when she tells me."
   - "I wrote my own list on the 'ideal' parent at home - really felt open."
   - "My parents said anytime you have anything you want to talk about, we'll talk."
   - "I know that they (my parents) have a lot to offer. Most of the time I feel open. But some of the time I have to figure out things by myself. I have to work on it."
   - "It cleared up problems - everything is easier to say."
   - "I wished my parents would have come."
   - "It was neat to have parents and teens together. I learned what parents think about their kids. I was really surprised by all the different beliefs."

2. All of the respondents said that they felt more comfortable talking about sex since the program.

   - "Now when I have something to say, I just say it. I'm less scared to share ideas."
   - "I remember all the things we did and all the things the parents said - I remember it all."
   - "It helped me make a couple of decisions about sexual things."
   - "That my opinion counted - that was best!"
   - "People really heard me. Teenagers discussed their ideas and their feelings were open."
   - "I sort of used to worry about sharing. Now I don't worry. Gave me more confidence."

Although the parent respondents also responded favorably, they were somewhat disappointed that the good feelings that had been there immediately after the program had not been continuous. After reflecting on these differences, it seemed that the parents were expecting their adolescent to approach them on an adult basis to initiate discussions about sex and relationships. The adolescents had treasured an opportunity to be heard without judgment and needed encouragement from their parents to keep the lines of communication open. Although there was more give and take, it was still encumbent upon the parent to do the door-opening and not to wait for their adolescent to make the overture.

Impact on Community

Assessing whether the project was effective in broadening the base of support for sex education within the community was an important part of the evaluation. There are several indicators that the project was successful in reaching this goal.

1. The curriculum is being used in a number of youth agencies in addition to the demonstration sites.
2. The educational aids and materials have been borrowed by many agencies and the curriculum has been requested by many agencies outside of the county.
3. Many of the agencies who participated in the training are willing to identify themselves as sex education resources -- i.e., they publicize sex education programs in the local newspaper and in public meeting places such as the library; including the programs in their regular brochures; discuss the program on T.V.
4. Staff trainees have encouraged other agencies to learn about the program -- both the content and the approach.
5. There have been numerous requests for staff training in sex education from previously uninterested agencies.
6. There has been support from parents, ministers and other community people to offer similar programs to broader segments of the community.
7. There has been practically no negative reaction from parents, adolescents or the community.
8. There has been increased cooperation and exchange among youth agencies.

☆U.S. GOVERNMENT PRINTING OFFICE : 1979 O - 298-563